

Name
in
Full

Suei Bowling

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

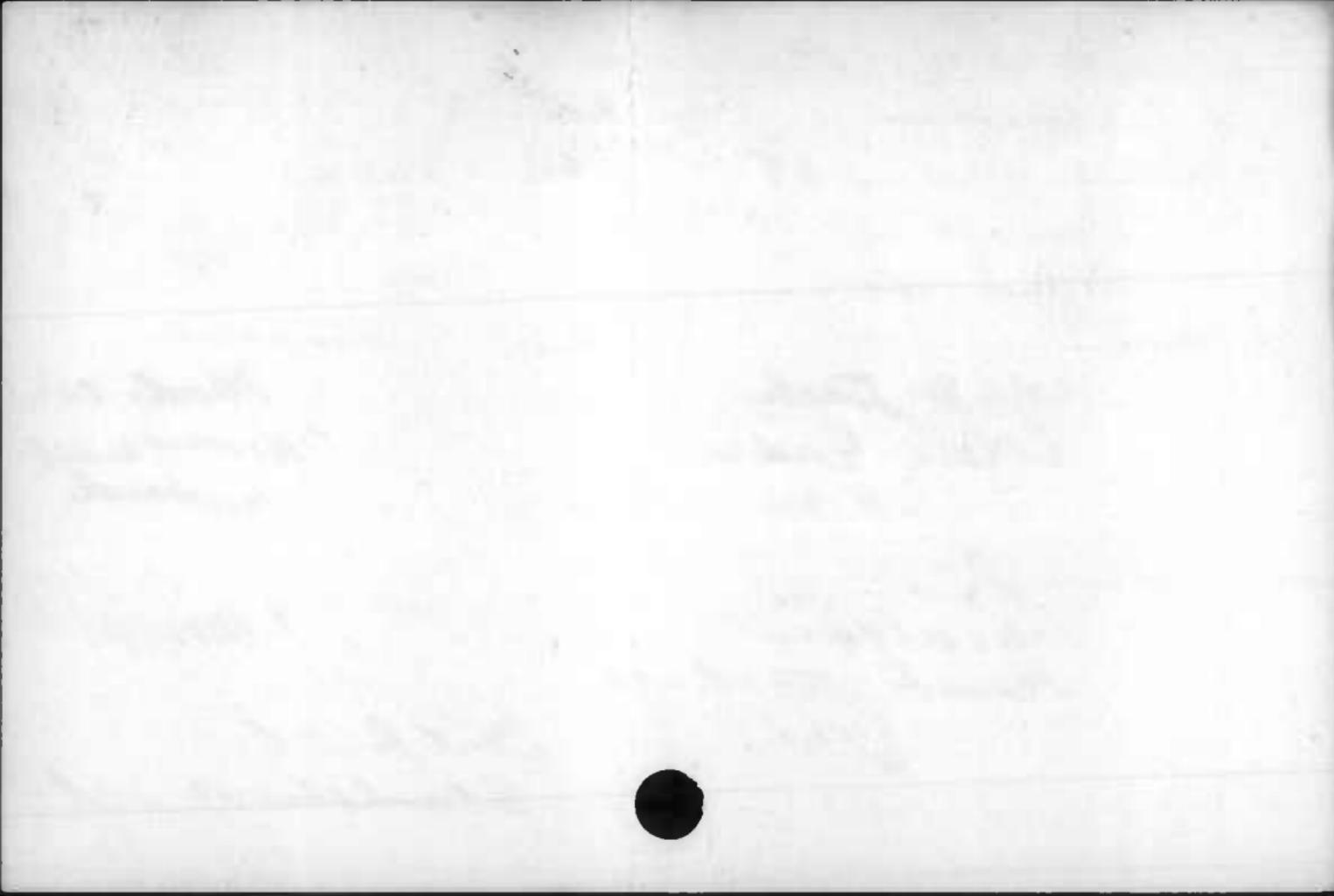
PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	21	3 0
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	H. M. Sherburne Bowling		
Father's Name	H. M. S. Lindsay				
Mother's Maiden Name	Margareth McAlroy				
Name of person giving Information	Mrs. Dickens				

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long	H yrs.
Immediate	Syncope	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	H. D. Brown	
Yes	Address	Silver Spring Md.	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Jane Bowman		County		MARYLAND	
Died at	Kyallstown	Month	Montgomery	Months	Days
Date of death	1909 Jan	Day	28	Age	63
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Richard H. Bowman		
Father's Name	John W Darby		Father's Birthplace	Montgomery County	
Mother's Maiden Name	Ellen Eadon		Mother's Birthplace	Howard County	
Name of person giving Information	R. H. Bowman		How related to deceased	Husband	

CAUSES OF DEATH

66

How long

8 months

How long

Primary

Paralysis
Heart failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

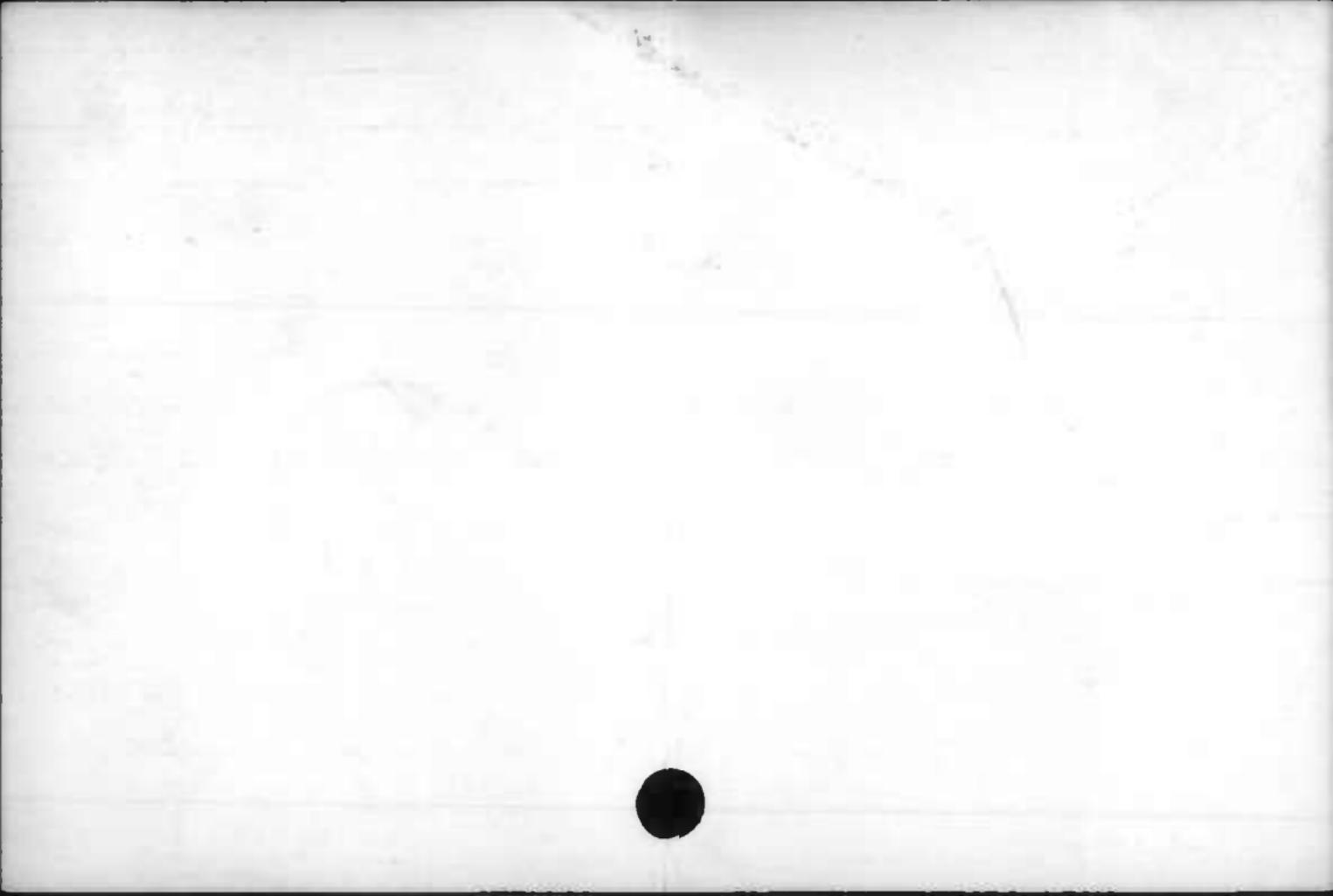
Yes

Signature of Physician

Address

D. A. Sleets
Blacksburg Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Richard Upton Bowman				CERTIFICATE OF DEATH			
Died at	Place	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1909	1	10	4	8	2		
Sex	Hale	Color or Race	colored	Birth-place	Maryland		
Occupation	Where Residing if not at place of death						

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Don't know

Father's Birthplace

Mother's Maiden Name

Phelia Bowman

Mother's Birthplace

Name of person giving Information

Opera Curtis

How related to deceased

Maryland

Artist

CAUSES OF DEATH

61

Primary

Acute meningitis

How long

3 weeks

Immediate

Convulsions

How long

PHYSICIAN
OR CORONER

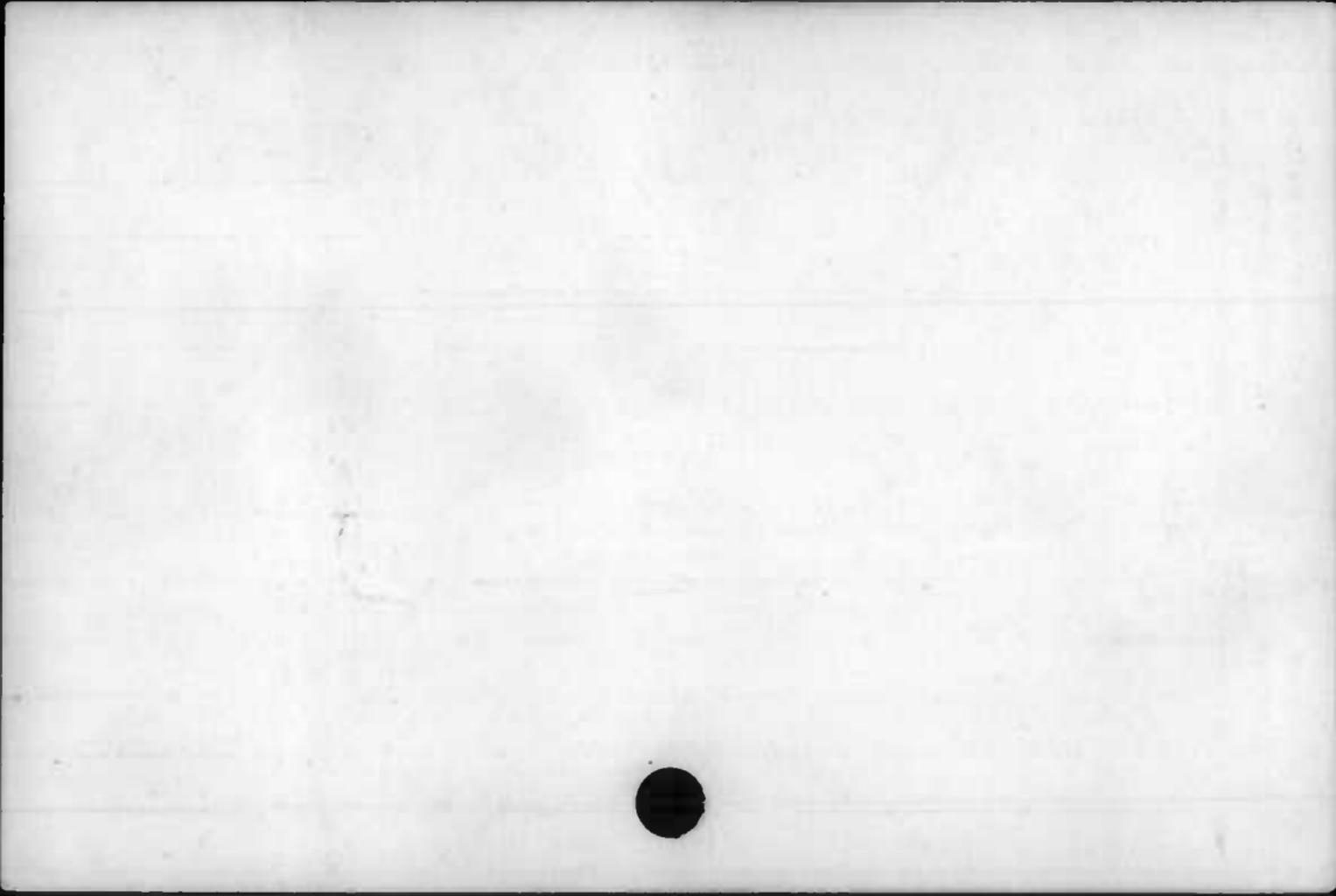
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. H. D. Shadley
Gaithersburg
Md.

Accident or Suicide?



Name
in
Full

Broadus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	0	0	0
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	X			
Father's Name	Lorraine Broadus			Father's Birthplace	Md
Mother's Maiden Name	Octavia Newman			Mother's Birthplace	Md
Name of person giving information	Lorraine Broadus			How related to deceased	Daughter

CAUSES OF DEATH

(8)

PHYSICIAN
OR CORONER

Primary

Stillborn

How long



Immediate

—

How long



Are the name, age, sex, color, date and place correctly given above?

yes

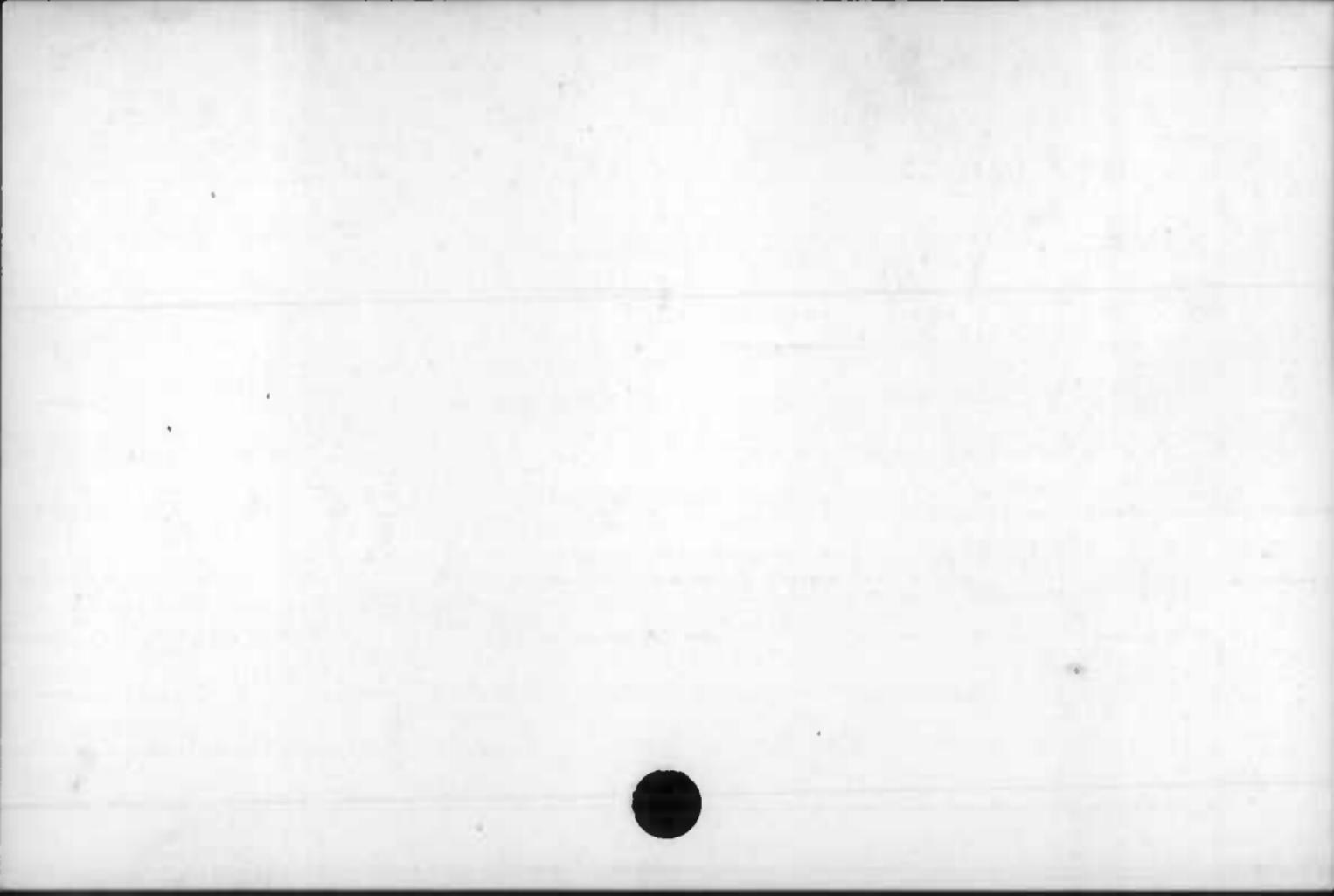
Signature of Physician

Address

Odey L. Lachman
Baltimore Md

Accident or Suicide?

X



Name
in
Full

Nelson Elsworth Budd.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Age	Months	Days
Occupation	Color or Race	Birth-place	
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

None

Singel

Nelson Everett Budd

Dora Cook

Lawrence D. Budd

Uncle

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

About one day

How long

Immediate

filling up of lungs

Are the name, age, sex, color, date and place correctly given above?

Yes

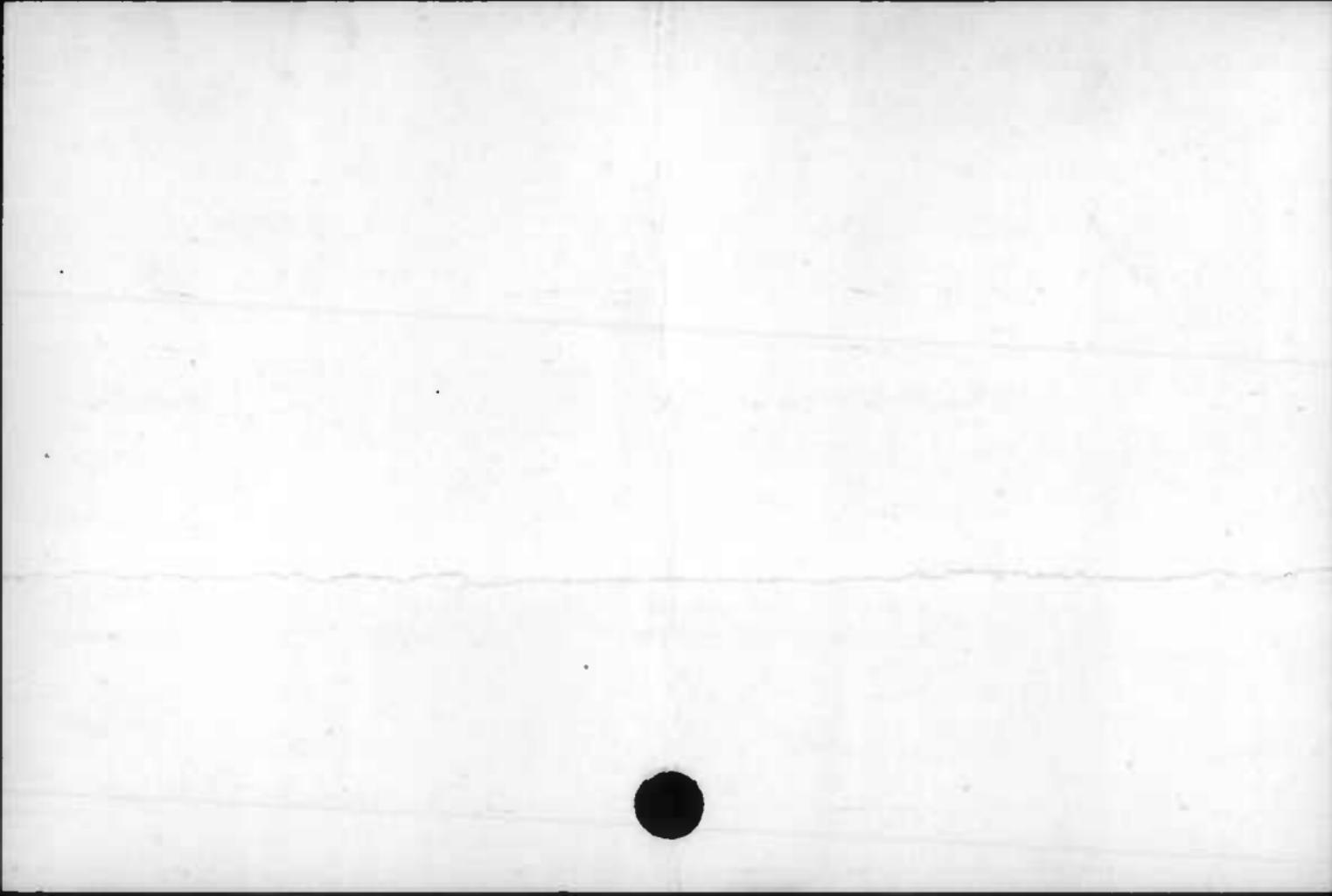
Signature of Physician

Address

Chas. Farquhar, M.D.

Olivey, Md.

Accident or Suicide?



Name
in
Full

Mary Eliza Doyce ^{An unnamed baby - premature} born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town <u>Royds.</u>	County <u>Baltimore</u>	MARYLAND			
Died at <u>Royds.</u>	Month <u>1</u>	Day <u>31</u>	Years <u>Twenty</u>	Months <u>-</u>	Days <u>2</u>
Date of death 1909	Age <u>1</u>	Color or Race <u>Negro</u>	Birth- place <u>Royds.</u>		
Sex <u>Female</u>	Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>	Father's Name <u>Alex Corn</u>	Father's Birthplace <u>Germantown Md</u>		
Mother's Maiden Name <u>Sophia Doya</u>	Mother's Birthplace <u>Boysd Md.</u>				
Name of person giving Information <u>A. D. House M.D.</u>	How related to deceased <u>-</u>				

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary

Premature birth. Royds had tuberculosis - later
died 2 days before her death.

Immediate
-

Are the name, age, sex, color, date
and place correctly given above?

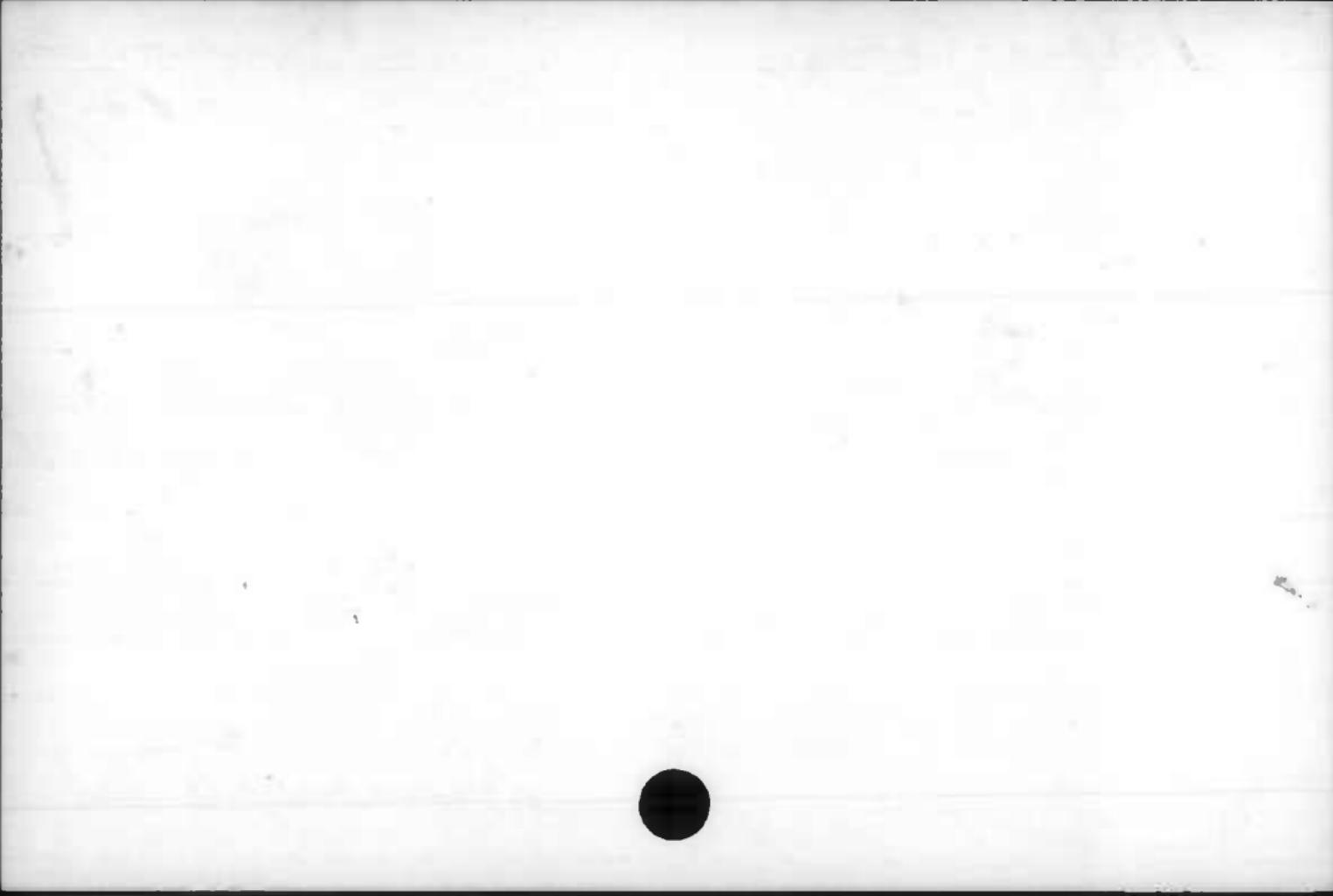
yes

Signature of
Physician

Address

A. D. House M.D.
Dawsonville Md.

Accident or Suicide



Name
in
Full

Sophia Corn

CERTIFICATE OF DEATH

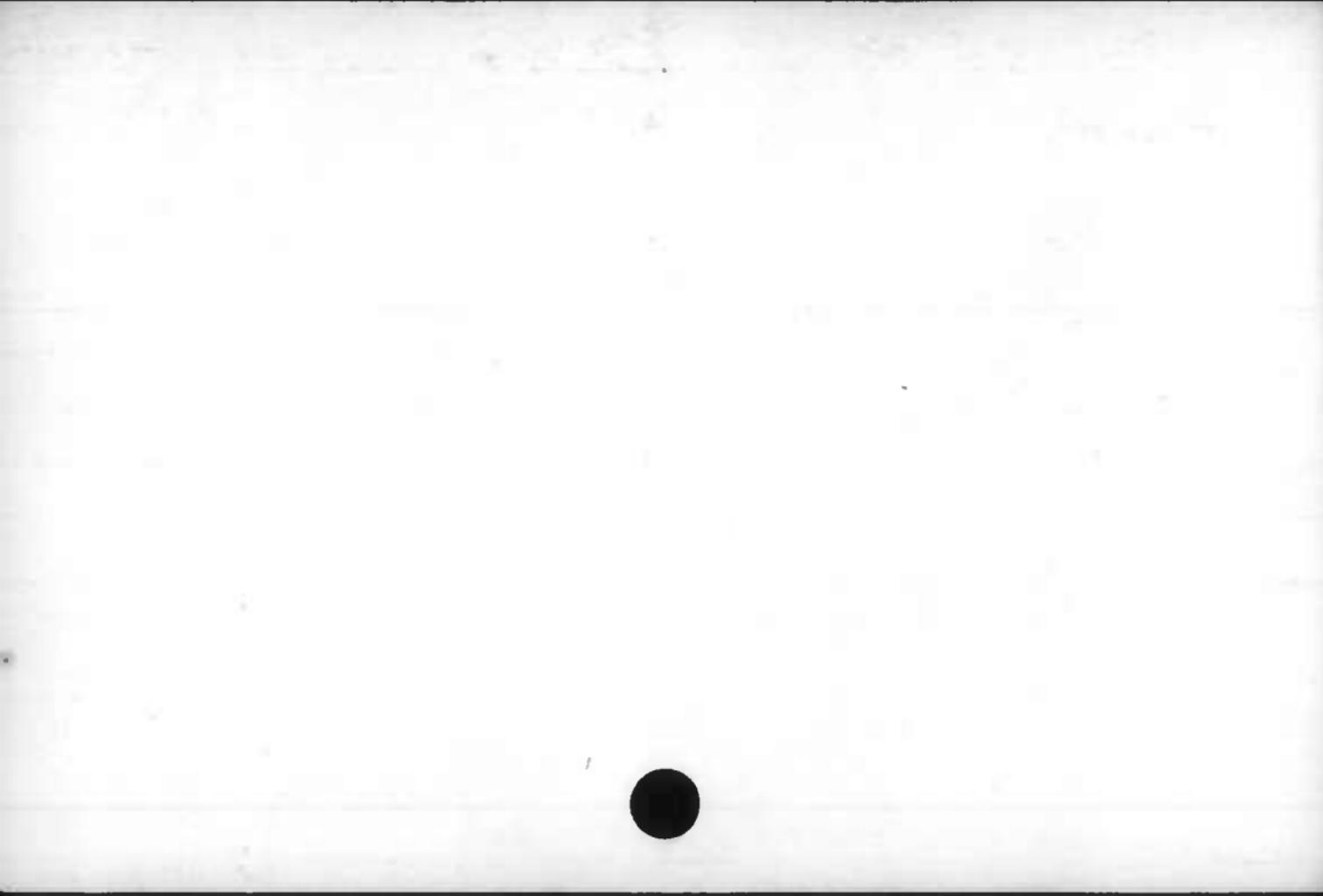
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Boyd's</u>		Town	County <u>Mary</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>1</u>	Day <u>30</u>	Age <u>30</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Negro.</u>			Birthplace <u>Boyd's Md.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Germanlawn Md.</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Alex Corn.</u>		Father's Birthplace <u>Mary Co. Md.</u>			
Father's Name <u>Ruben Days.</u>			Mother's Birthplace <u>Mary Co. Md.</u>			
Mother's Maiden Name <u>Martha Turner.</u>			How related to deceased <u>27</u>			
Name of person giving Information <u>A. D. Nurse</u>			How long <u>3 mo.</u>			
			How long <u>2 days.</u>			

CAUSES OF DEATH

Primary <u>Pulmonary Acute Miliary Tuberculosis</u>	How long <u>3 mo.</u>
Immediate <u>Cachexia</u>	How long <u>2 days.</u>
Are the name, age, sex, color, date and place correctly given above ? <u>Yes</u>	Signature of Physician <u>A. D. Nurse</u>
	Address <u>Danversville Md.</u>
Accident or Suicide	



Name
in
Full

James Dawson

13

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death X		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Unknown		
Mother's Maiden Name	Mary Kiger		
Name of person giving information	Thomas Dawson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Influenza

10

How long

One month

Immediate

Cerephygia

Half hour

Are the name, age, sex, color, date and place correctly given above?

Yes

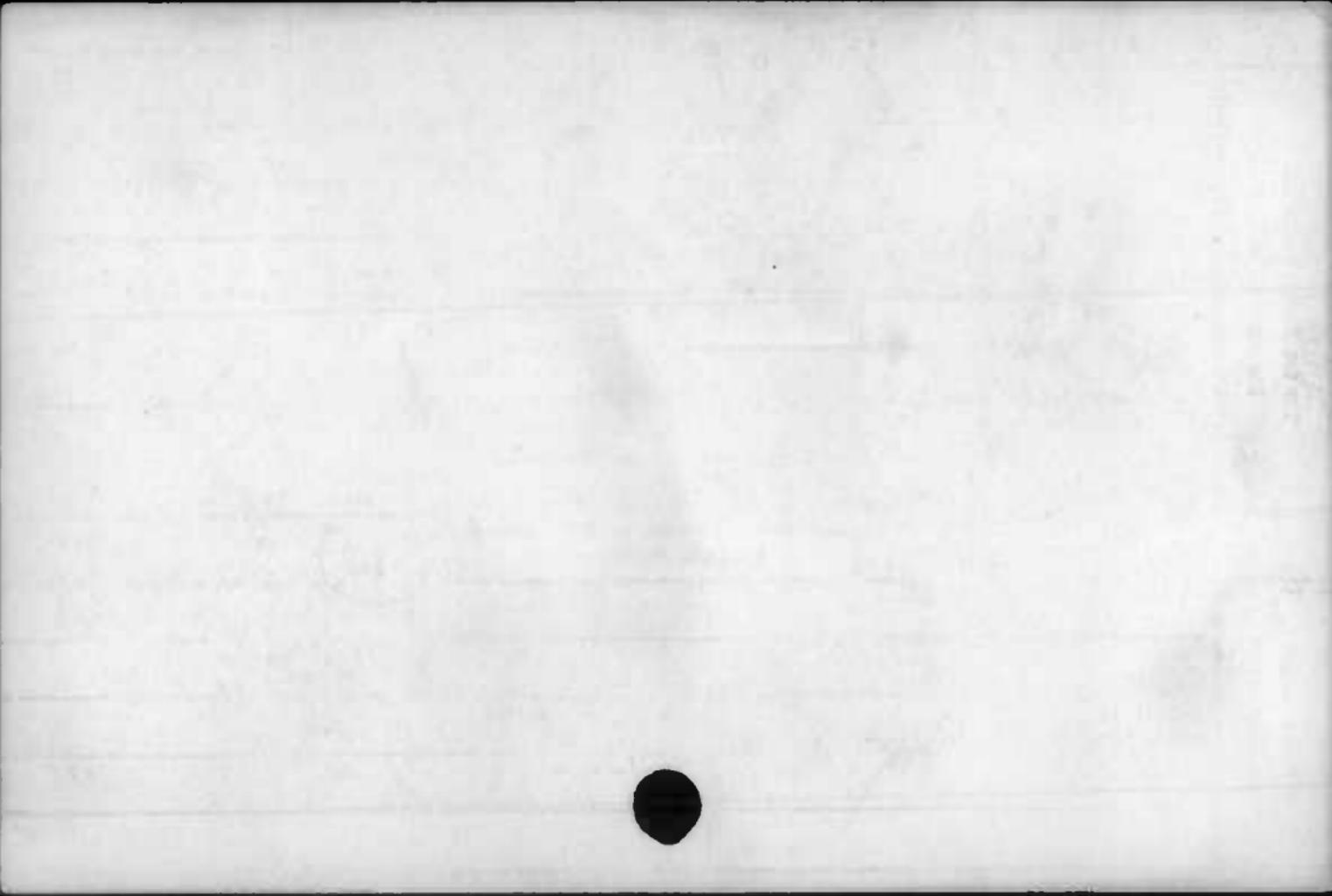
Signature of Physician

Address

Edward Anderson M.D.
Rockville, Md.

Accident or Suicide?

No



Name
in
Full

Mortimer H. Dodge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County		
Died at	Takoma Park	Montgomery	MARYLAND
Date of death	Month	Day	Years
1909	Jan.	7 th	Age 60
Month	Days	— 1 less 2 days	
Sex	Male	Color or Race	white
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Cleveland O
Father's Name	Florence Britton Dodge		
Mother's Maiden Name	George C. Dodge		
Name of person giving Information	Not known		
Father's Birthplace			
Mother's Birthplace			
How related to deceased			
120			

9
Fall in room

CAUSES OF DEATH

Primary

Chronic Bright's Disease & Locomotor Ataxia

How long

Years

Immediate

Fracture of Femur and
Uraemia

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

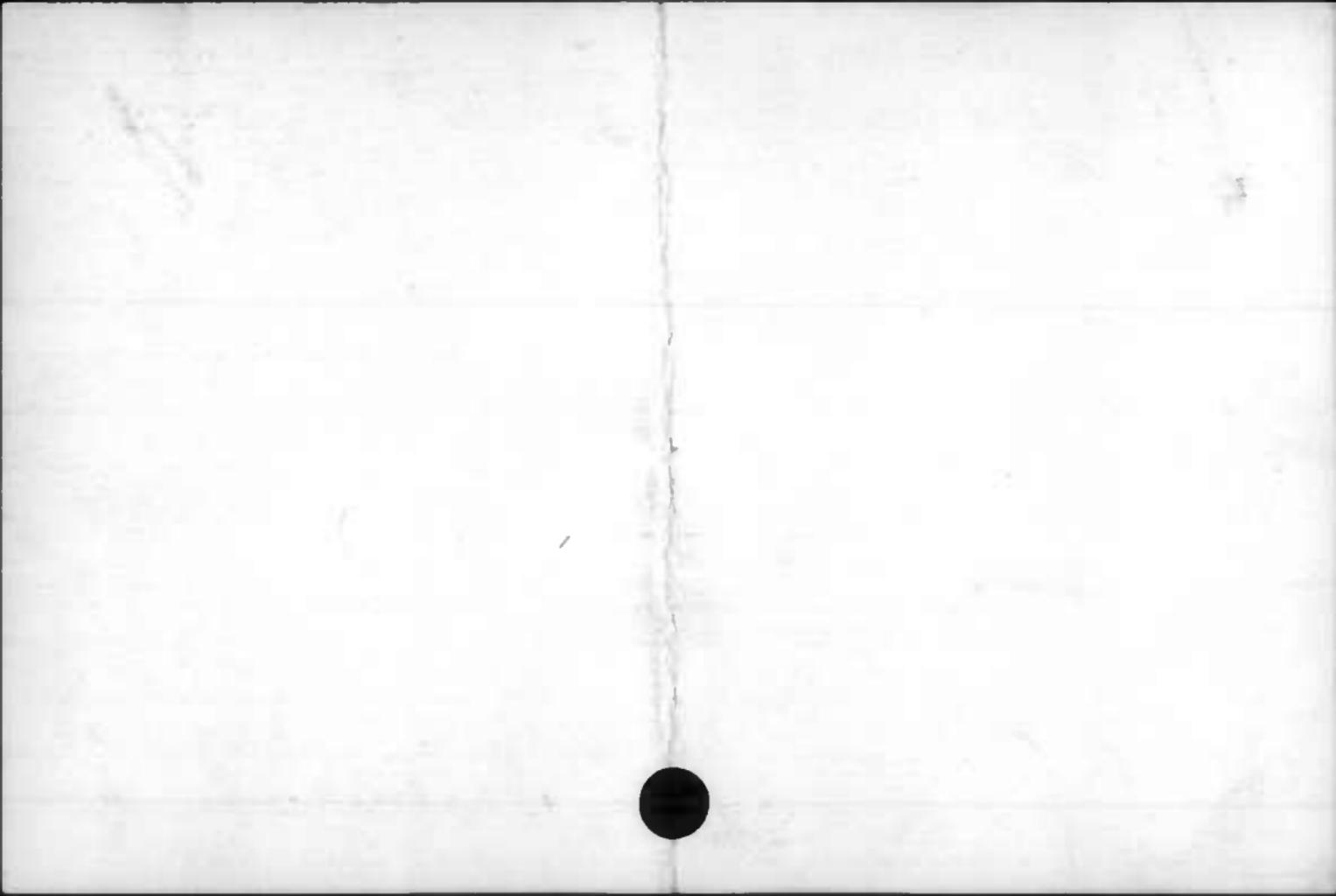
Signature of Physician

Address

S. H. Kress M.D.

Takoma Park D.C.

Accident or ~~suicide~~



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Guy Carlton Dorsay

CERTIFICATE OF DEATH

MARYLAND

Town	County				
Died at Washington, D.C.	Montgomery				
Date of death 1909 11	Month Day	Age	Years	Months	Days
Sex Male	Color or Race Colored	Birth-place Md			
Occupation None	Where Residing if not at place of death Emery Grove				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Frank Dorsay	Father's Birthplace Md				
Mother's Maiden Name Rebecca Brooks	Mother's Birthplace "				
Name of person giving information	How related to deceased Father				

CAUSES OF DEATH

61

Primary

Meningitis

Immediate

3 Weeks

" "

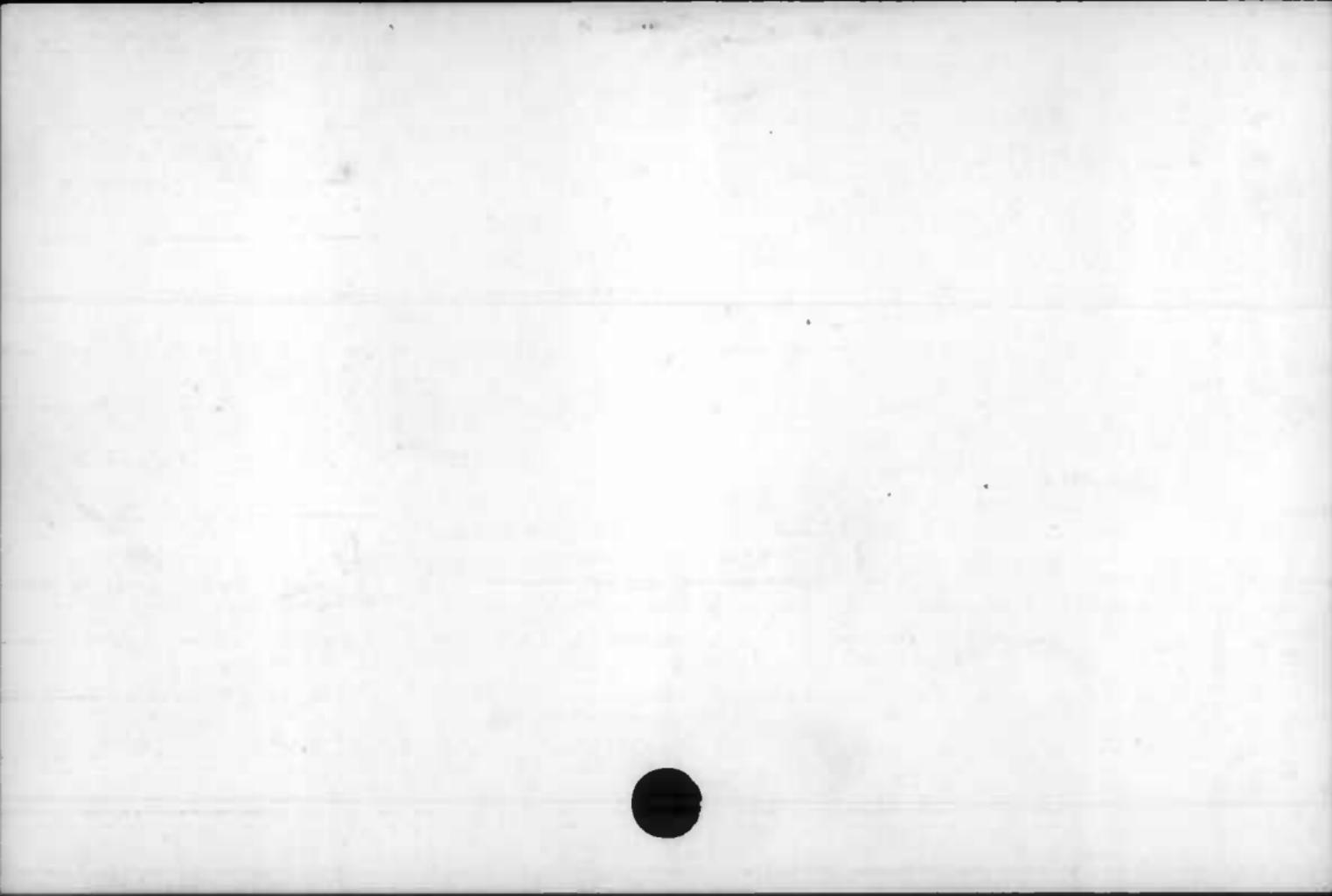
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E H Ettington
Gaithersburg
Md

Accident or Suicide?



Name
in
Full

Harry Eaglen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Littownville</u>		County <u>Montgomery</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>1</u>	Day <u>21</u>	Years <u>31</u>	Age <u>31</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Negro.</u>	Birth-place <u>Md</u>				
Occupation <u>Carpenter</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Philip Eaglen</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Caroline Bee</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>Wm H. Eaglen</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

about a year

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

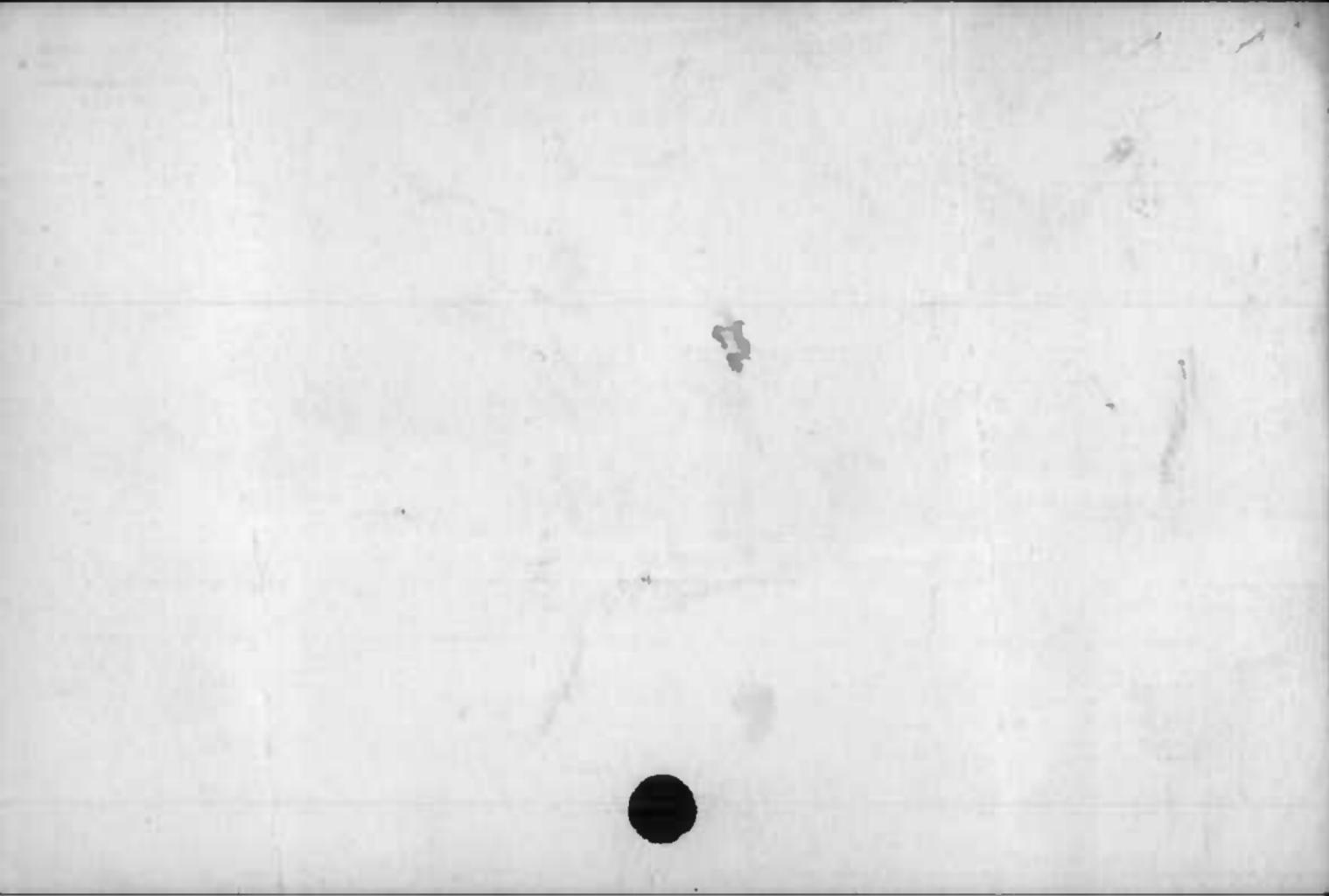
Signature of Physician

G. H. Wright M.D.

Address

Forest Glen

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Rockville		Town, County Montgomery	MARYLAND
Date of death 1909	Month Jan	Day 20	Years 55
Sex female	Color or Race black	Birth-place Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed single	Name of Wife or Husband Charles Edmonds		
Father's Name	Father's Birthplace Va		
Mother's Maiden Name Ella Proctor	Mother's Birthplace Md		
Name of person giving information Ella P Edmonds	How related to deceased mother		
CAUSES OF DEATH			
Primary Bronchitis	How long 10 days		
Immediate Broncho pneumonia	How long 9 days		

92

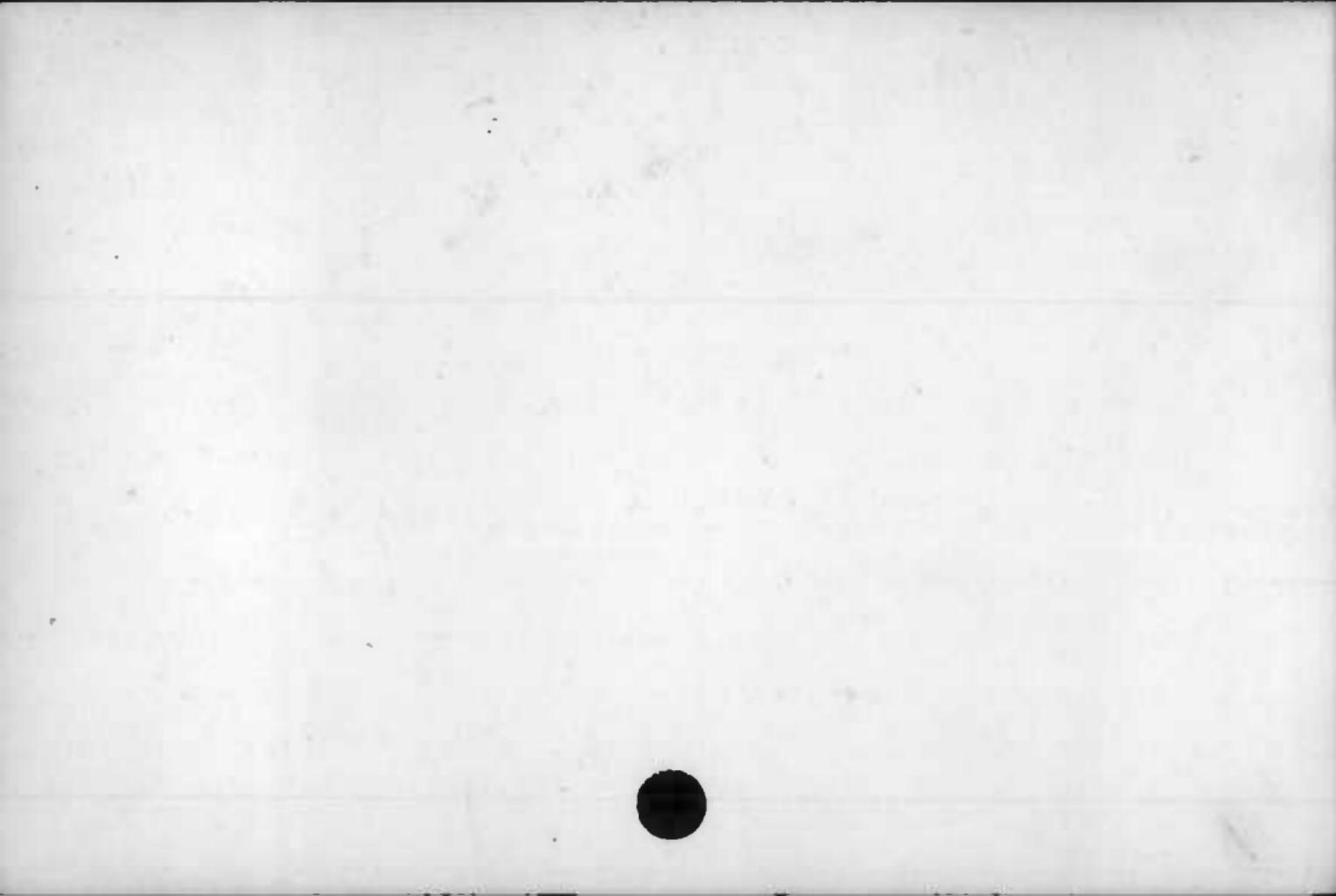
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr Henderson M.D.

Address Rockville

Accident or Suicide? No

Maryland



Name
In
Full

Agnes A. Eickler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at Village of Chevy Chase	County Montgomery	MARYLAND	
Date of death 1909	Month January	Day 11	Years Age 02
Sex Female	Color or Race White	Months 6	Days 2
Occupation <i>Retired Wife</i>	Where Residing if not at place of death		
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband James H. Eickler	Father's Name Strobel	Father's Birthplace Germany
Mother's Maiden Name Strobel		Mother's Birthplace Germany	
Name of person giving Information J. D. Morgan		How related to deceased Friend	

CAUSES OF DEATH

121

PHYSICIAN
OR CORONER

Primary

Pyacnia (nephrolithiasis)

How long

Some rather

Immediate

Endocarditis

How long

several rather

Are the name, age, sex, color, date
and place correctly given above?

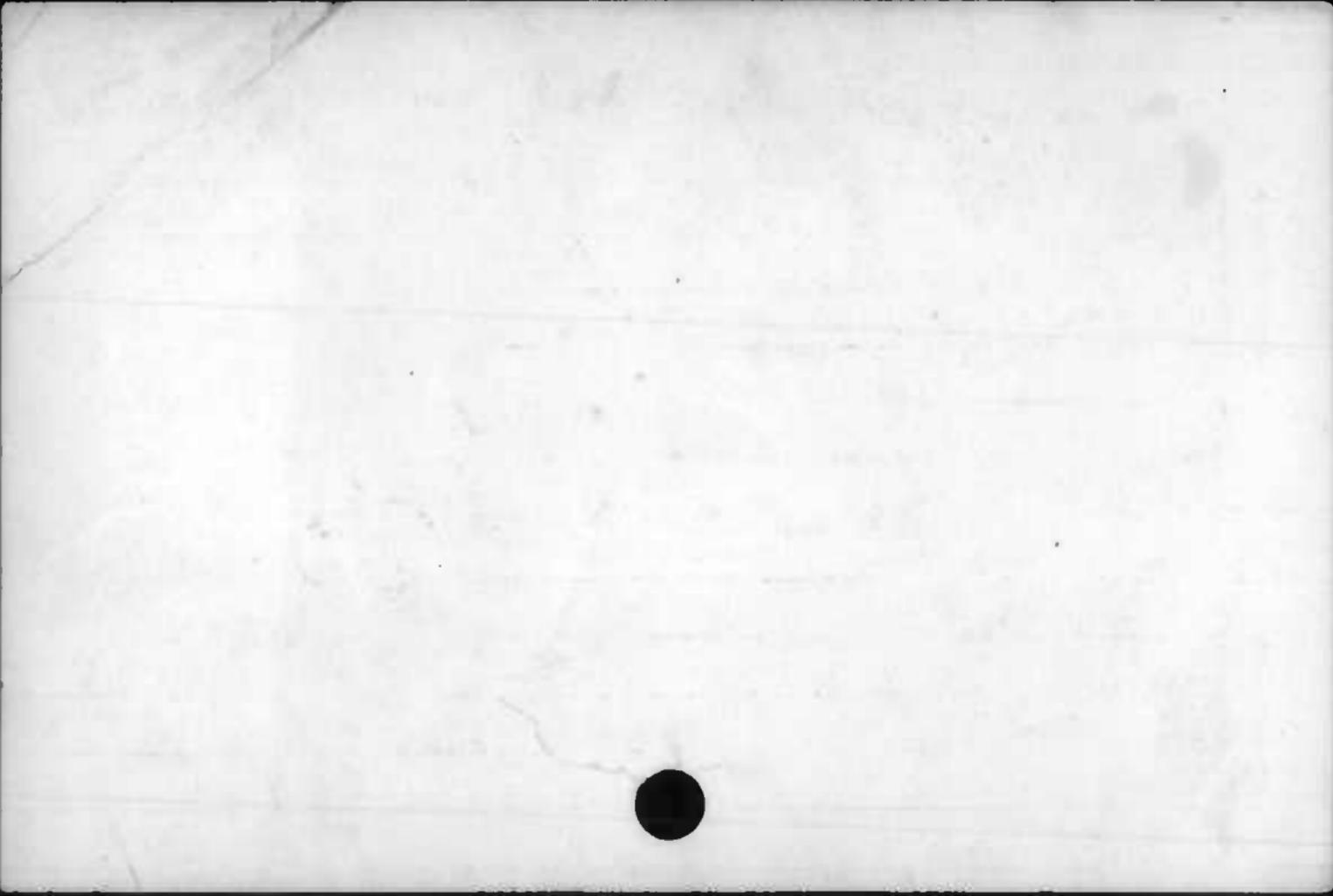
Yes

Signature of
Physician

Address

James D. Morgan M.D.
Chevy Chase, Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frances Hackett

CERTIFICATE OF DEATH

Died at Sandy Spring		Town	Montgomery		County	MARYLAND	
Date of death	1909	Month Jan	Day 24	Age —	Years	Months Two	Days —
Sex Female	Color or Race Colored	Birth-place Sandy Spring, Md.					
Occupation None	Where Residing if not at place of death						
Married, Single or Widowed Single	Name of Wife or Husband None						
Father's Name Illegitimate (Walker Maitteau)			Father's Birthplace Md.				
Mother's Maiden Name Josephine Hackett			Mother's Birthplace Md.				
Name of person giving information Garrison Edward Hackett			How related to deceased Uncle				

CAUSES OF DEATH

36

Primary

Specific. Syphilis supposed.

Severe bow-suspected

Immediate

Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

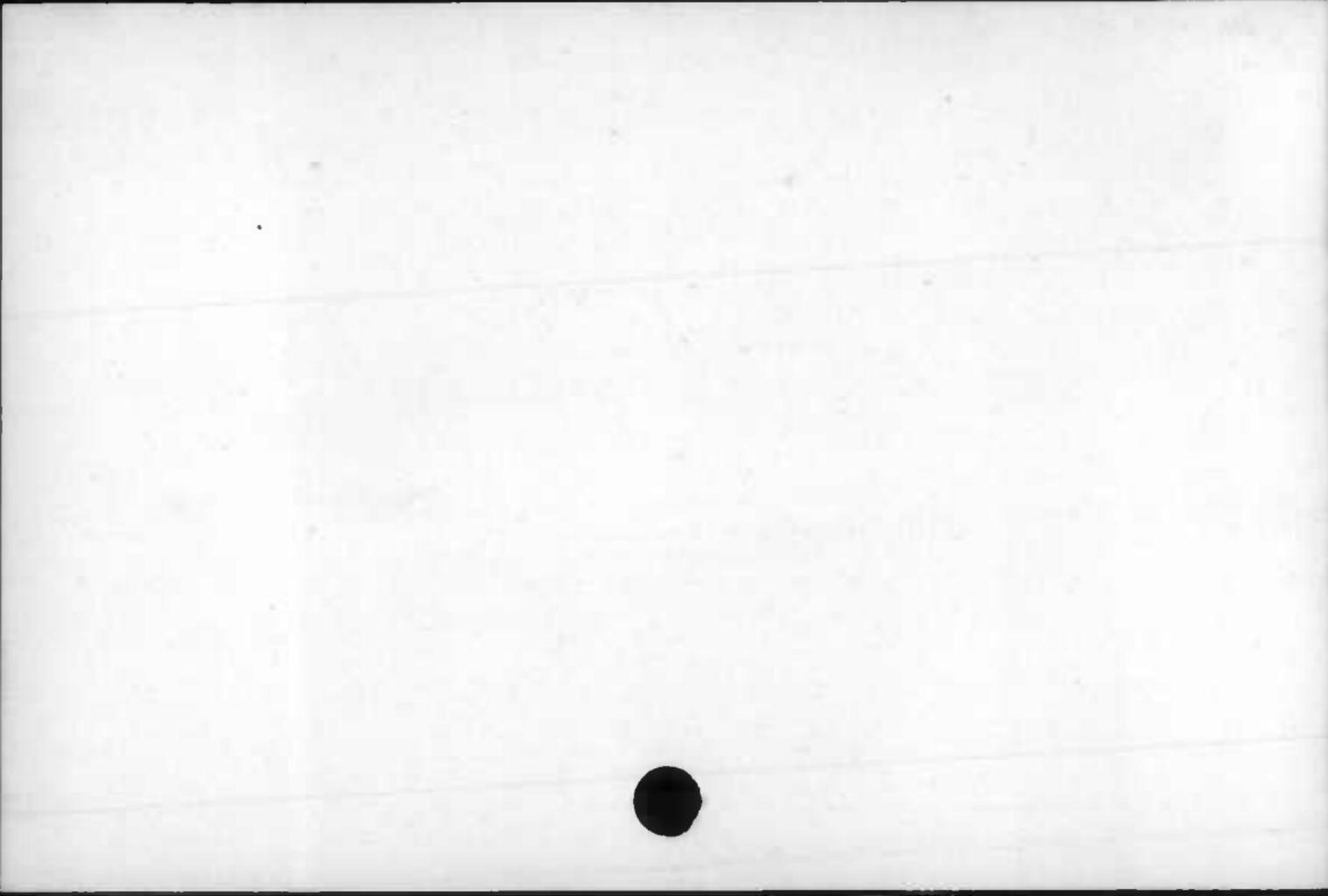
Address

Glass. Targulian

Olivey

Md.

Accident or Suicide?



Name
in
Full

Richard Shagel Beckman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Leavelle	Montgomery				
Date of death	1909 Jan	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	49	2	3
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Hedden	Name of Wife or Husband	Unknown			
Father's Name	John Beckman		Father's Birthplace			
Mother's Maiden Name	Margaret Leavley		Mother's Birthplace			
Name of person giving information	Mrs. Young		How related to deceased			
CAUSES OF DEATH						26

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Throat.
Hepatitis.

Immediate

How long

5 yrs.
11 four hrs.

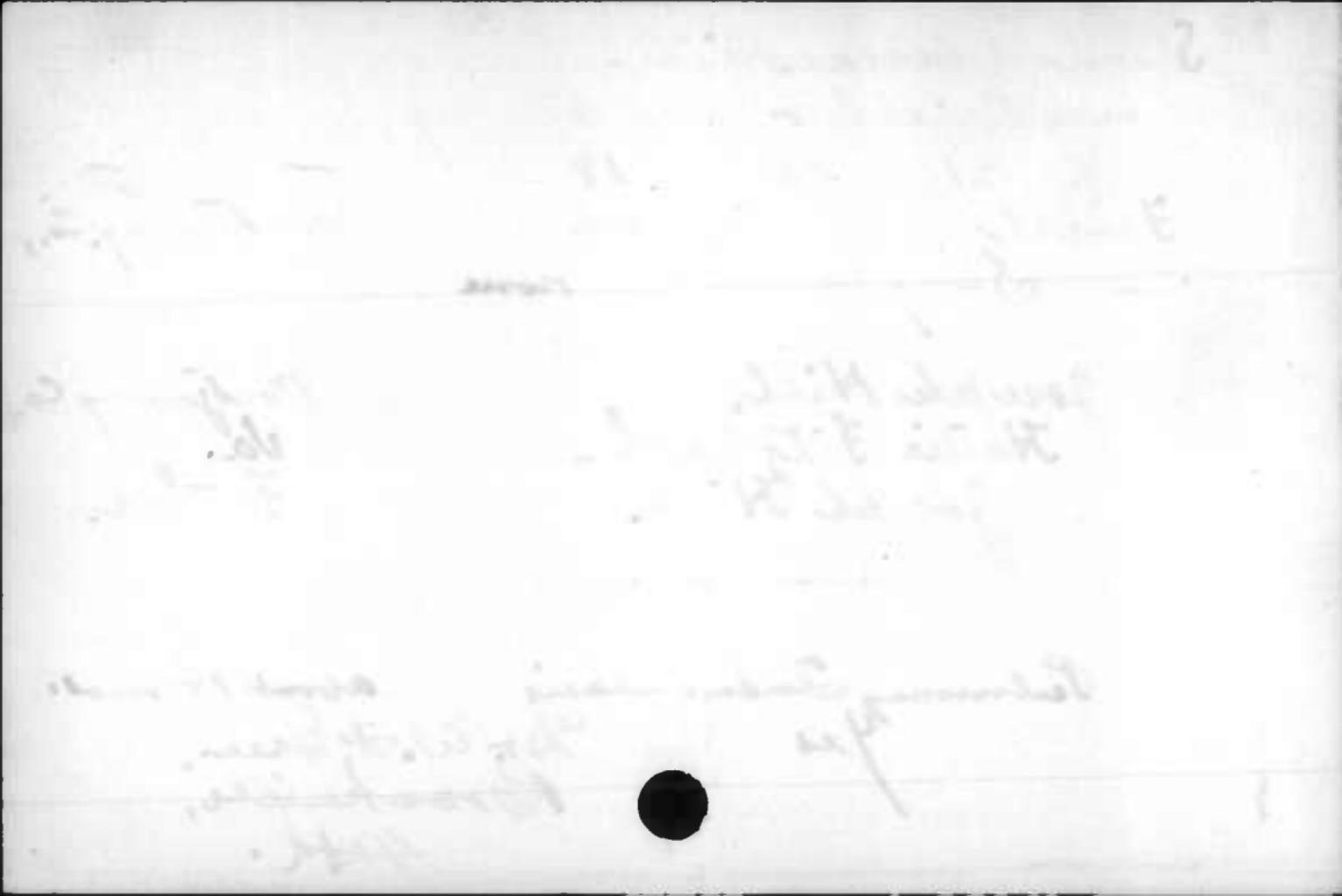
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. T. Brown
Silver Spring
Md.

Accident or Suicide?



Name
in
Full

Sarah Rebecca Hill -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Bricklow			County	MARYLAND	
Date of death 1909	Month 1	Day 18	Age 18 Years	Months —	Days —
Sex Female	Color or Race Colored		Birth-place Montgomery Co.,		
Married, Single or Widowed	Single		Occupation	none	
Name of Wife or Husband					
Father's Name	Joseph Hill.				
Mother's Maiden Name	Hattie Fitzhugh -				
Name of person giving information	Joseph Hill.				

CAUSES OF DEATH

27

Primary

Immediate

Pulmonary Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. W. F. Green,

Address

Brookville,

Md.

PHYSICIAN
or CORONER

Attendant or Successor



Name
in
Full

Wm Thos Hilton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND	
Died at Barnesville	Montgomery				
Date of death 1909	Month Jan	Day 26	Years 80	Months -	Days
Sex Male	Color or Race White -	Birthplace Md			
Occupation Builder	Where Reiding if not at place of death				
Married Single or Widower	Name of Wife or Husband Rebecca Hilton				
Father's Name Jno Hilton	Father's Birthplace England				
Mother's Maiden Name Mary Lemon	Mother's Birthplace Maryland				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary Chronic Aststitial Tuber. Art. 5 clav. Senile
Immediate Nephritis

120

How long

10 yrs?

How long

Are the name, age, sex, color, date and place correctly given above?

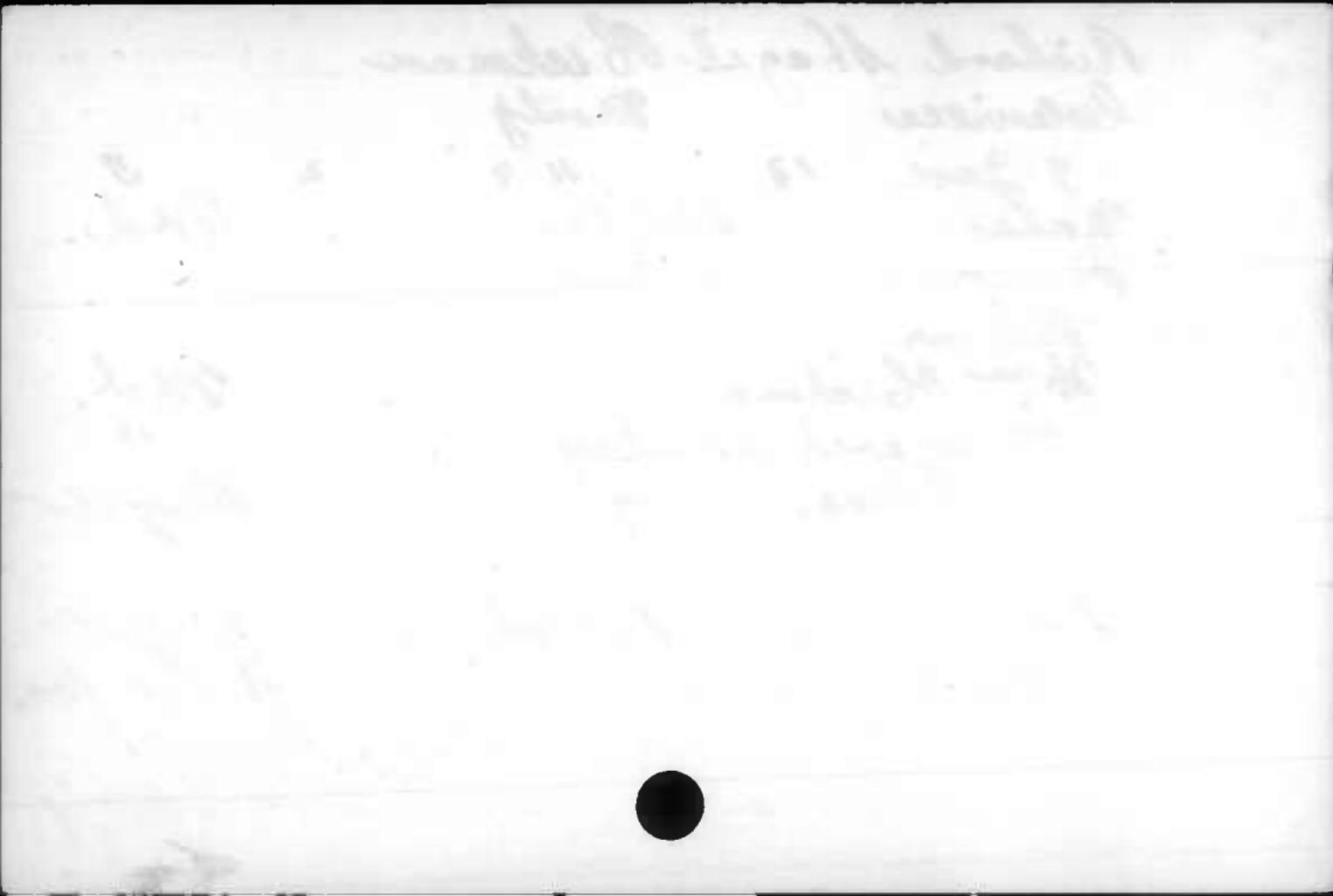
Yes

Signature of Physician

Address

Taylor & Dailey
Barnesville

Accident or Suicide



Name
in
Full

Tenesa Jamison
Town
Barnesville

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Month	Day	Year	County	MARYLAND
Date of death	1904	Jan'y	17	Age	81
Sex	Female	Color or Race	W	Birth-place	Md.
Occupation	Housewife				
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	L. J. Harding				
Mother's Maiden Name	Mary Stace				
Name of person giving information					
Father's Birthplace	Maryland				
Mother's Birthplace	Maryland				
How related to deceased					

CAUSES OF DEATH

Primary Broncho Pneumonia & Facial Ergotism
How long 92
Immediate Broncho Pneumonia
How long 10 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

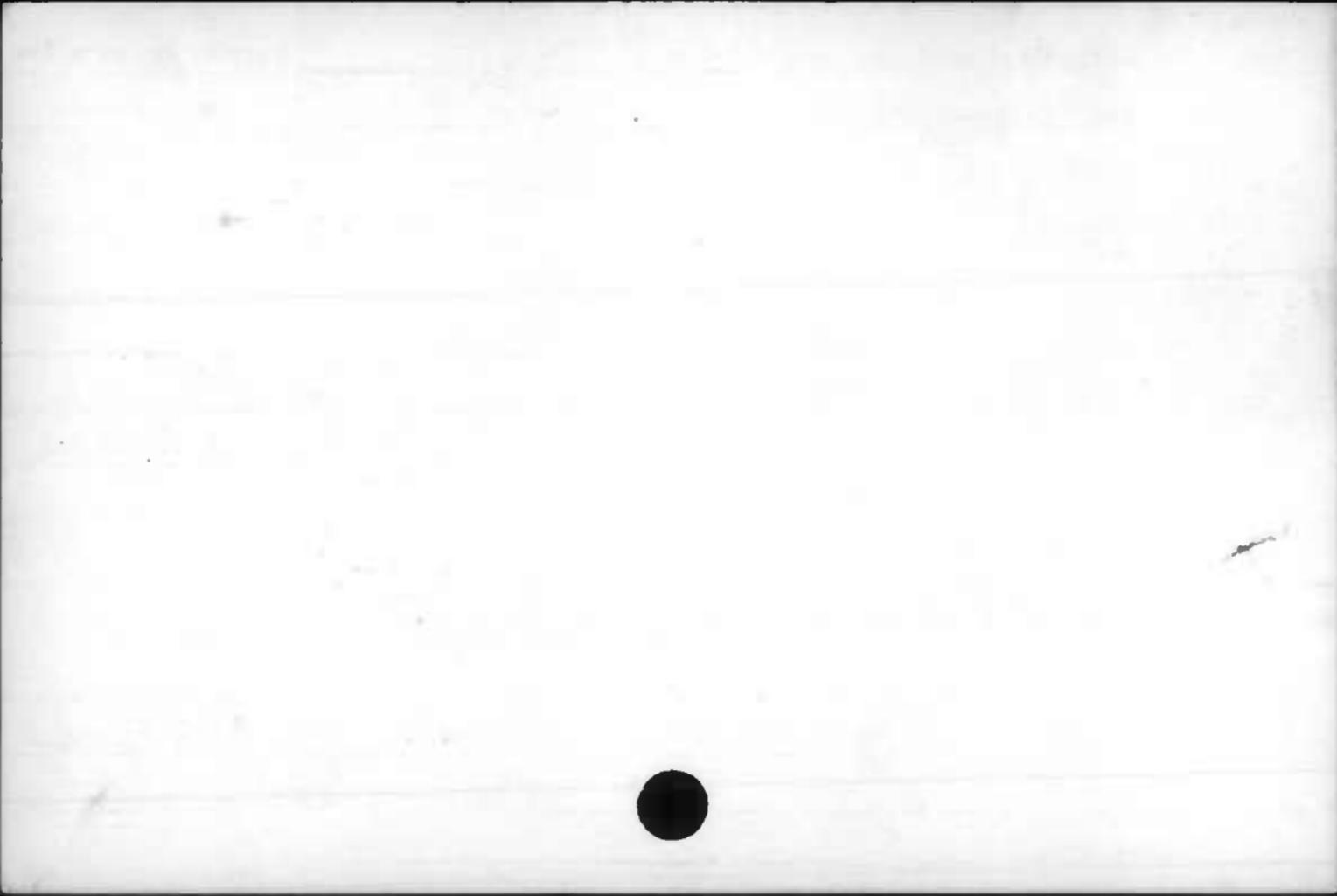
Yes

Signature of Physician

Address

Taylor & Dailey
Barnesville, Md

Accident or Suicide



Name
in
Full

unnamed infant Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND		
Died at New Dausowill		Mary		Months	Days	
Date of death 1909	Month 1	Day 25	Age -	-	-	
Sex Male	Color or Race negro	Where Residing if not at place of death		Birth-place New Dausowill		
Occupation -						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Wm. Johnson						Father's Birthplace Sugadale Md.
Mother's Maiden Name Dora Beauder						Mother's Birthplace Sugarland Md.
Name of person giving Information Father						How related to deceased

CAUSES OF DEATH

Primary

Still born (premature birth)

3

How long

Immediata

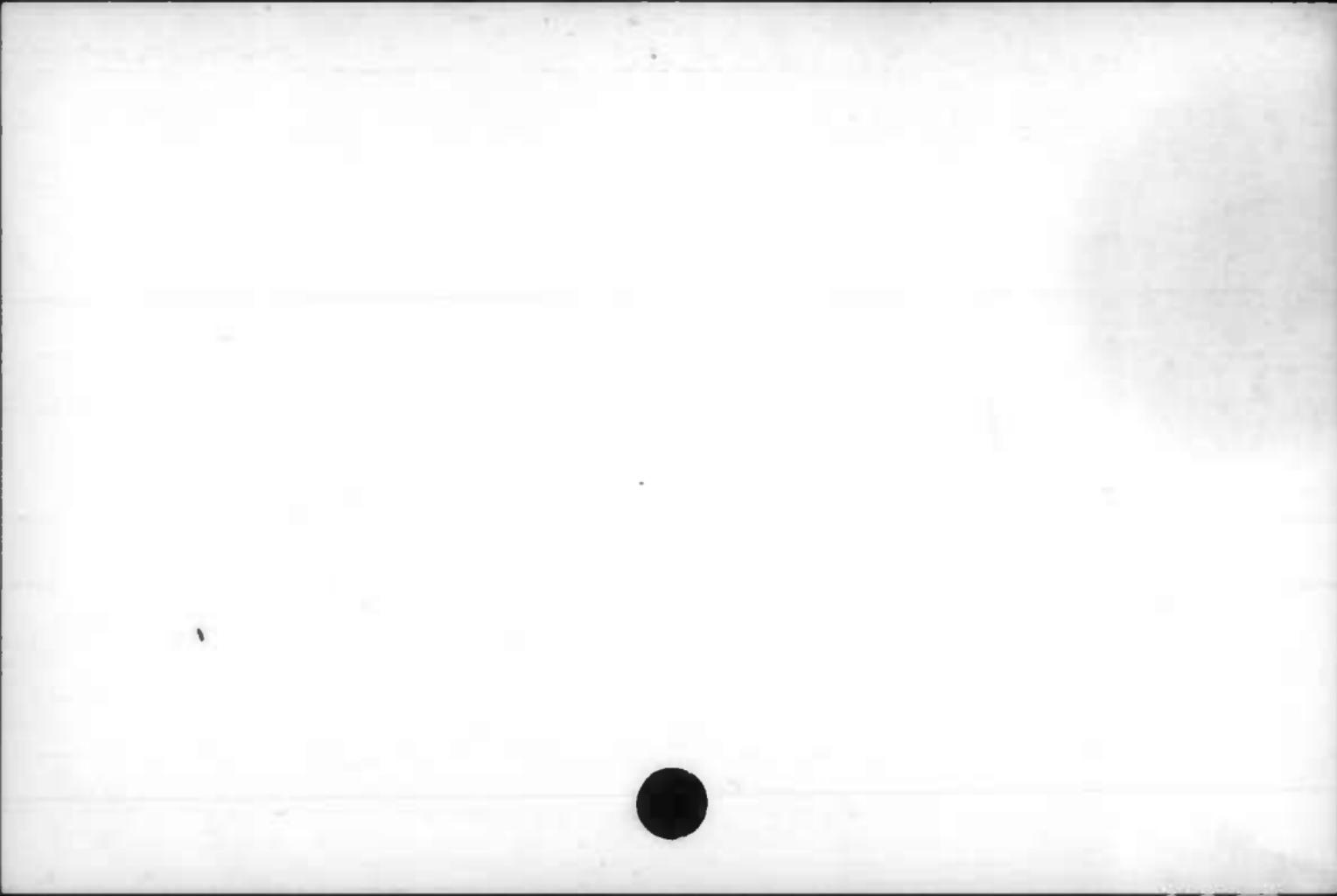
yes

Signature of Physician

Address

J. D. Source M.D.
Dausowill Md.

Accident or Suicide



Name
in
Full

Alithia P Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Martinsburg	Town	County	MARYLAND		
Date of death	1909	Month Jan.	Day 13	Years 75	Months	Days
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	House Keeper	Where Residing if not at place of death			Martinsburg	
Married, Single or Widowed	Widow	Name of Wife or Husband	Wm. P. Jones	Father's Birthplace	Md.	
Father's Name	Lexington Philips	Mother's Maiden Name	Unknown	Mother's Birthplace		
Name of person giving information	A. W. Wood.	How related to deceased	None.	How long	79	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Mitral Insufficiency

Unknown

Immediate

Cardiac dilatation

1/2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

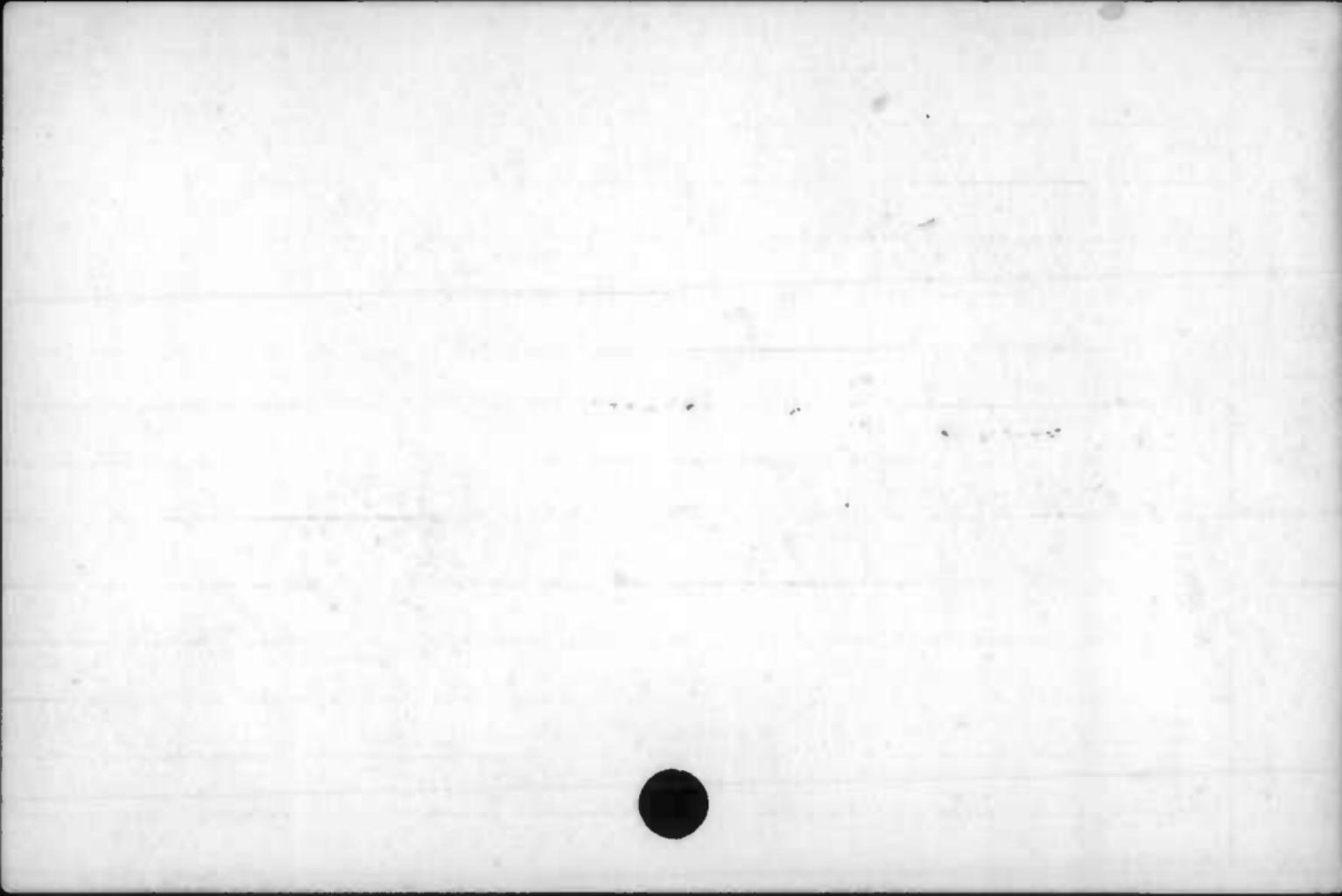
Signature of Physician

Address

E W White

Poolesville
Md

Accident or Suicide?



Name
in
Full

Harry Clifford Luckett

89

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Rockville	County Montgomery	MARYLAND
Date of death	Month Jan.	Day 28	Years Age 11
Sex	male	Color or Race Colonel	Birth- place Glenn, Md.
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Singl	Name of Wife or Husband	
Father's Name	John Luckett		
Mother's Maiden Name	Mandy Nelson		
Name of person giving Information	Father John Luckett		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

13 months

Immediate

Nephritis

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

George E. Lewis, M.D.
Rockville, Md.

Accident or Suicide?

HG

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

W. H. Manganer
Kensington Montgomery MARYLAND

Died at Town County
Month Day Years Months Days
Date of death 1909 May 2 74 10 2
Sex Color or Race Birth-place
Occupation Where Residing if not place of death
Married, Single Name of Wife or Husband
or Widowed
Father's Name Father's Birthplace
Mother's Maiden Name Mother's Birthplace
Name of person giving Information How related to deceased

Single John S. Manganer Md
Elizabeth Orme daughter 119 ✓
Eliza Manganer

Petition

Organic Disease of Heart & Lungs
Acute Inter Nephritis

Immediate

Are the name, age, sex, color, date
and place correctly given above?

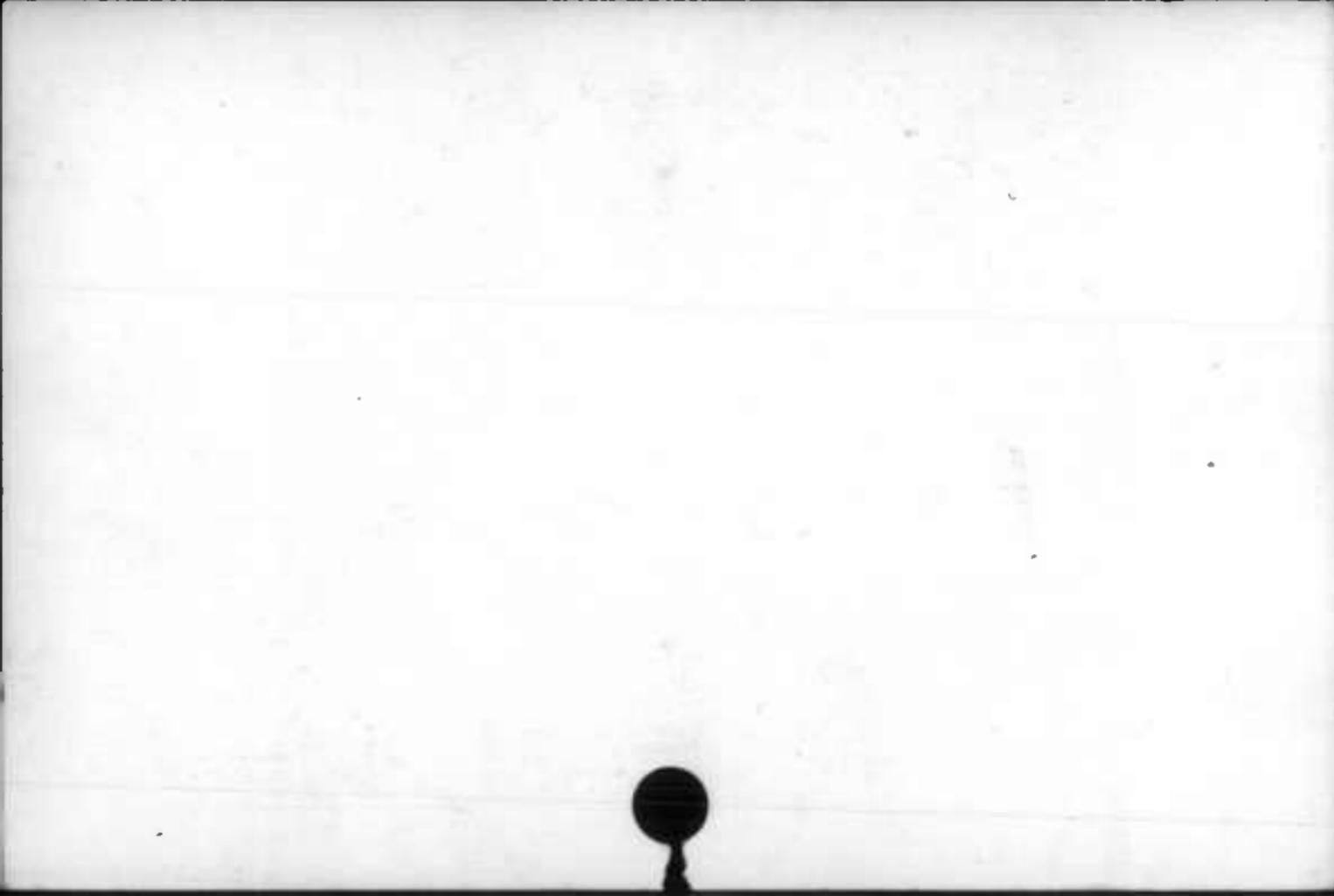
Yes
No

Signature of
Physician

Address

Augustine Orme
Kensington

Accident or Suicide



Name
in
Full

Michael O'Donnell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month January	Day 21	Years 85	Months	Days
Sex	Male	Color or Race	white		Birth-place	Md
Occupation	Farmer		Where Residing if not at place of death		Near Ashton	
Married, Single or Widowed	Single	Name of Wife or Husband	None		Father's Birthplace	Ireland
Father's Name	Timothy O'Donnell				Mother's Birthplace	Md -
Mother's Maiden Name	Bridget Donohue				How related to deceased	Sister -
Name of person giving Information	Miss Annie O'Donnell					

CAUSES OF DEATH

10

How long

How long

Primary

Influenza

three weeks or more

Immediate

Asthma cardiae.

Progressing

Are the name, age, sex, color, date and place correctly given above?

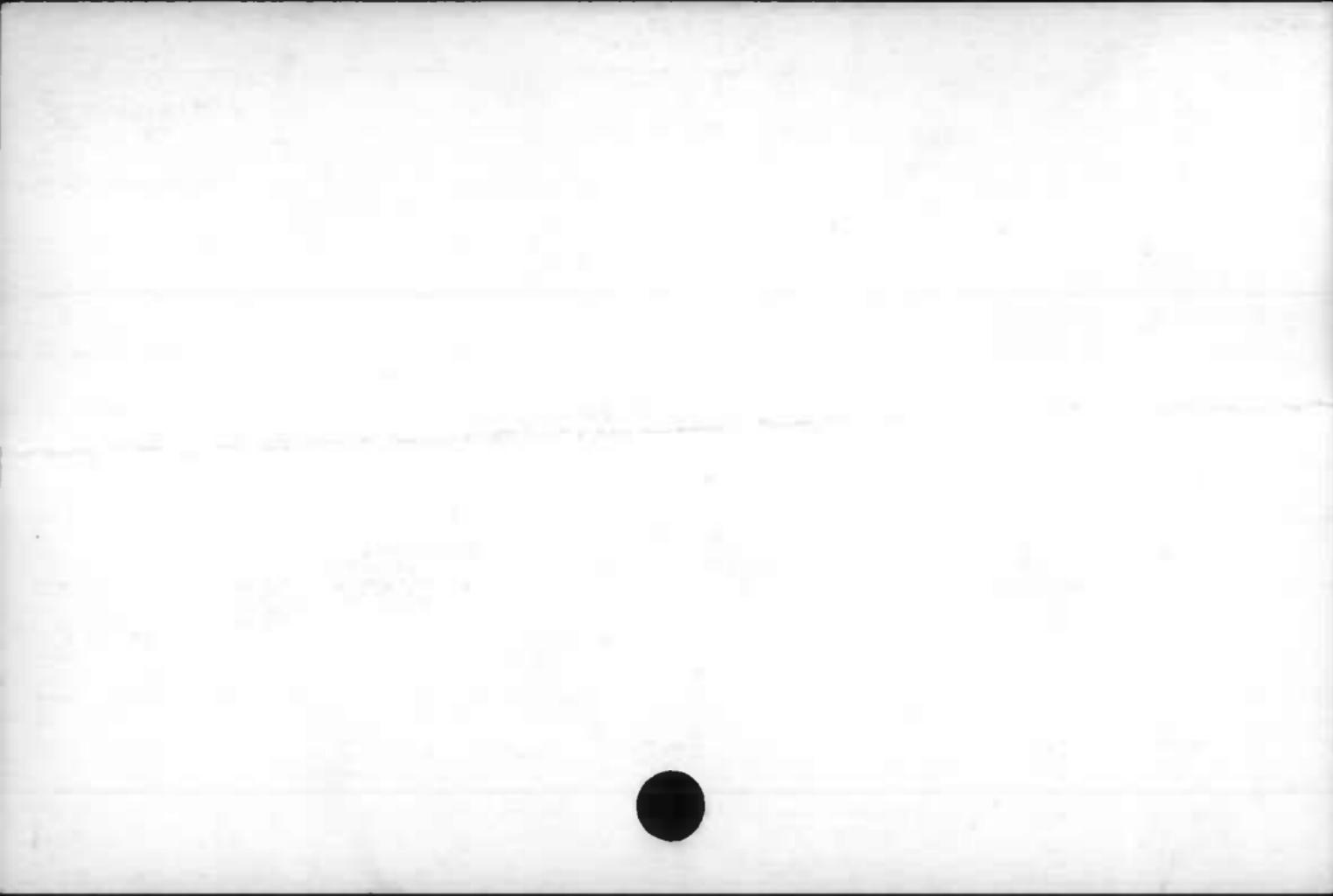
Signature of Physician

Address

W. W. L. Cissel.

Highland, Md.

Accident or Suicide



Name
in
Full

David M. Pickett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN +
OR CORONER

Town Near Mullins	County Montgomery	MARYLAND			
Date of death 1909	Month Jan.	Day 23	Years 56	Months 11	Days 5
Sex male	Color or Race White	Birth- place Howard Co., Md.			
Occupation Farmer	Where Residing if not at place of death Howard Co., Md.				
Married, Single	Name of Wife Husband	Mariah Pickett			
Father's Name Chas. Pickett	Father's Birthplace Carroll Co. Md				
Mother's Maiden Name Mary Anna Sutrell	Mother's Birthplace Carroll Co. Md				
Name of person giving Information Estelle Pickett	How related to deceased Daughter				

CAUSES OF DEATH

79

Primary

Immediate

Heart Disease

How long

Unknown

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

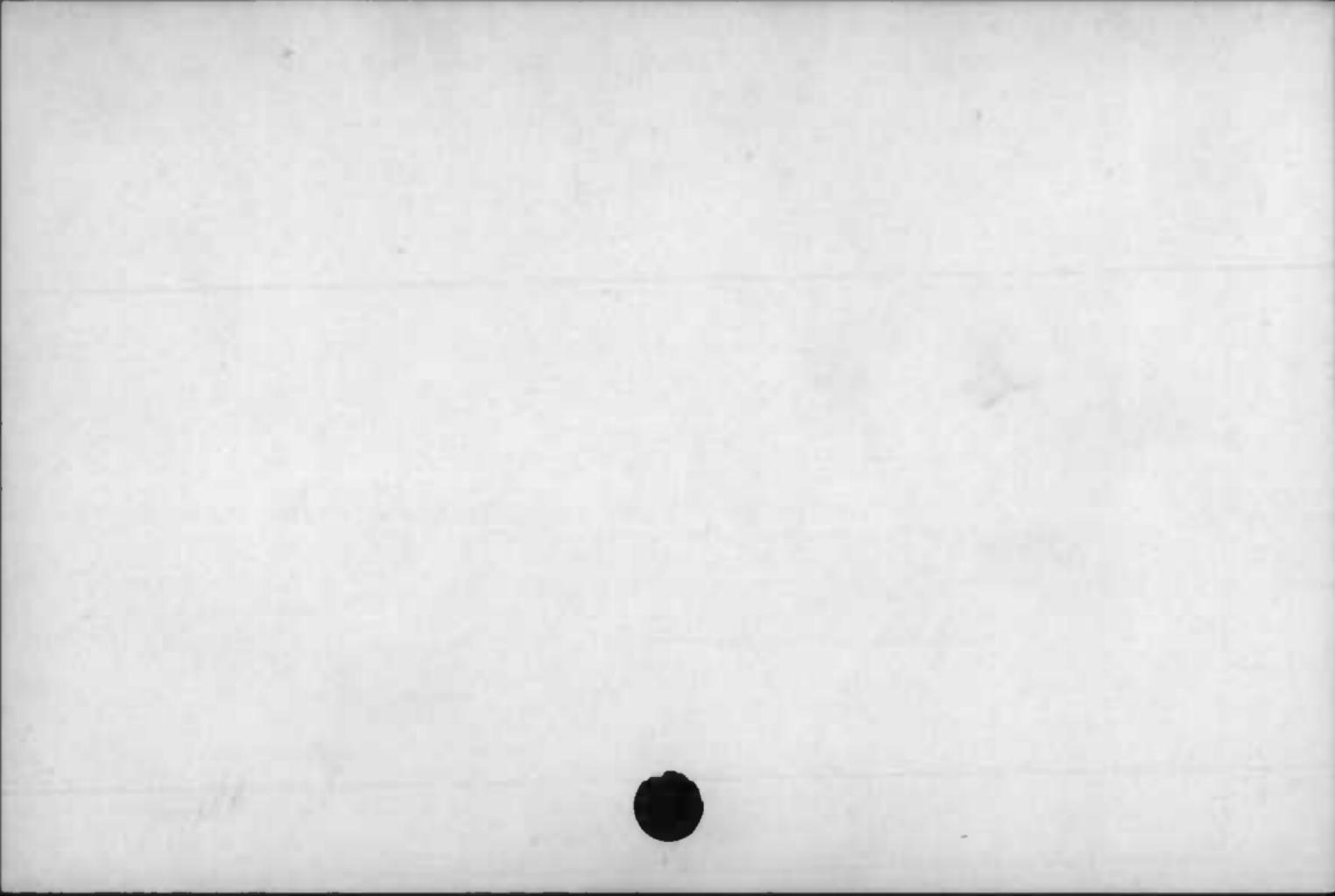
Address

Geo. M. Boyer

Damascus

Md.

Accident or Suicide?



Name
in
Full

Purdum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Germantown, Montgomery

County

MARYLAND

Date
of death

1909

Month

1

Day

19

Years

Age

Months

Days

Sex

F.

Color or
Race

W.

Birth-
place

Md.

Occupation

-

Where Residing if not
at place of death

-

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jos. Jas. Purdum.
Laura May Davis.

Father's
Birthplace

Md.

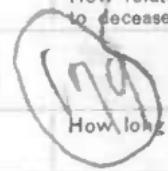
Mother's
Maiden Name

Name of person giving
Information

Mother's
Birthplace

How related
to deceased

Primary



How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

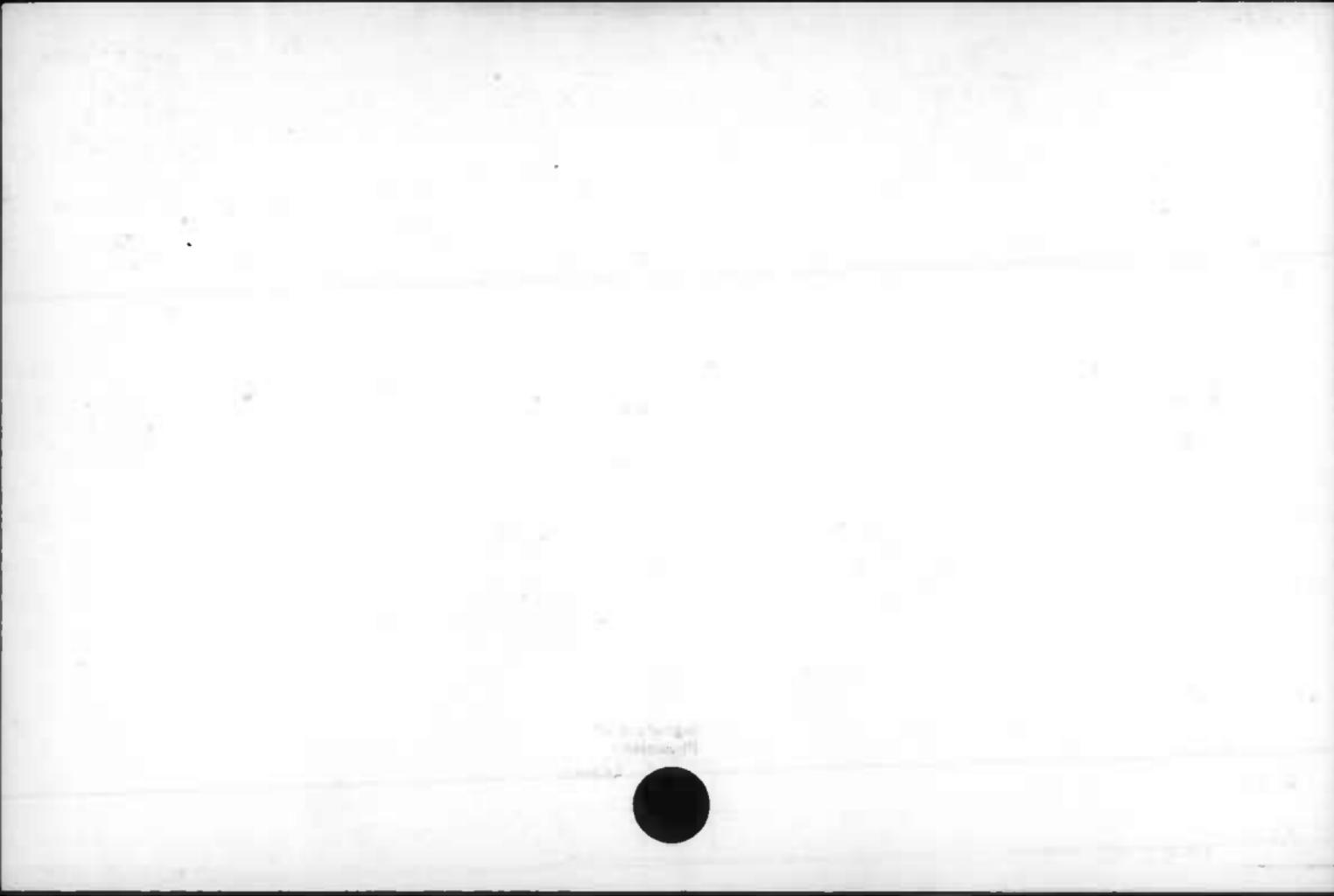
Signature of
Physician

Address

J. W. Simpers.
Germantown.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

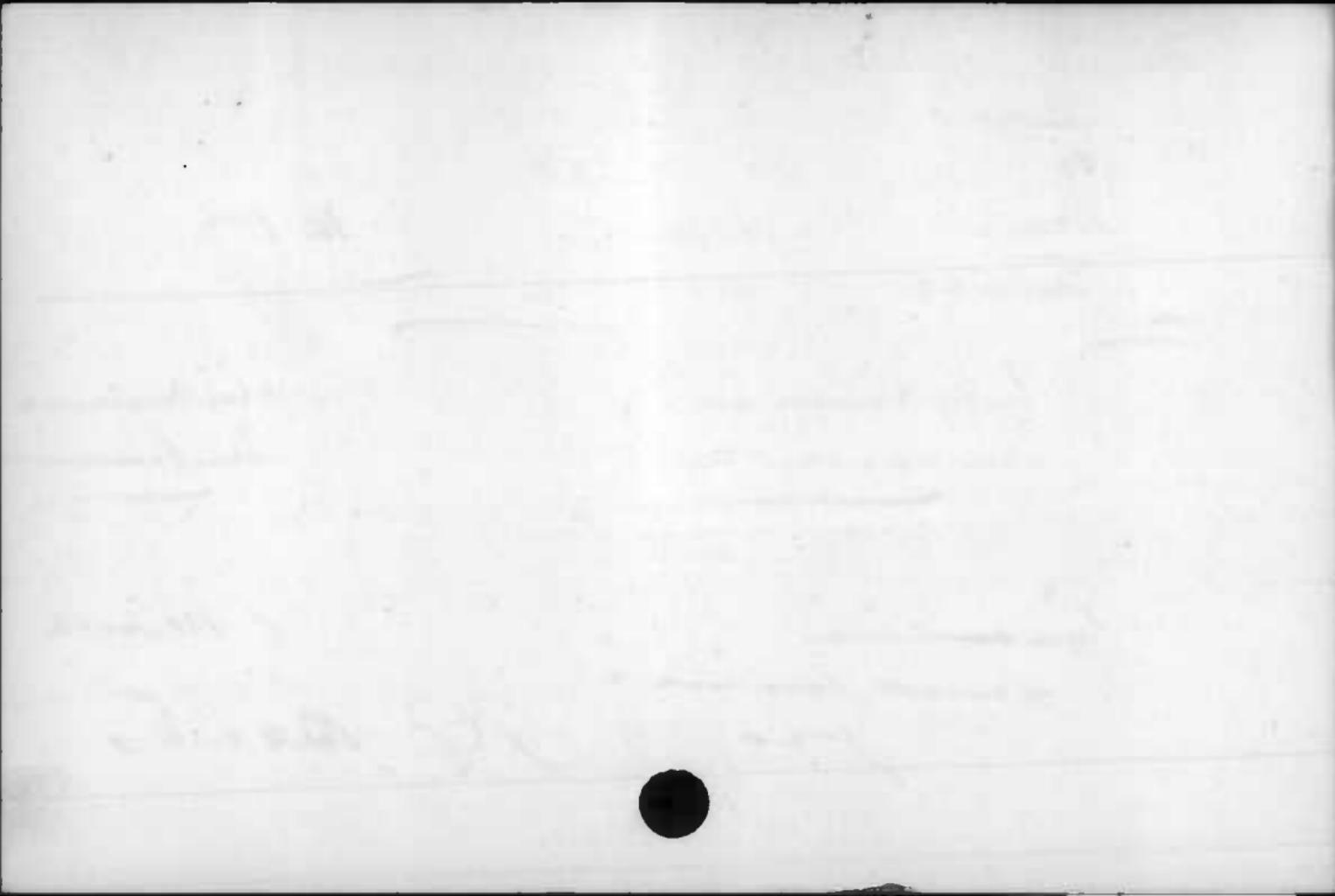
PHYSICIAN
OR CORONER

Died at <i>Chesapeake</i>		Town <i>Montgomery</i>	County <i>Montgomery</i>	MARYLAND		
Date of death <i>1909 Jan 13</i>	Month <i>Jan</i>	Day <i>13</i>	Age <i>72</i>	Years <i>72</i>	Months <i>3</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>				Birth- place <i>Pa</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ada Holman Quinter</i>				Father's Birthplace <i>Pa</i>	
Father's Name <i>Quinter</i>				Mother's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Quinter</i>				How related to deceased <i>Son</i>		
Name of person giving Information <i>Ed. H. Quinter</i>						

CAUSES OF DEATH

(66)

Primary	<i>Organic disease of heart & paralysis</i>	How long <i>2 years</i>
Immediate	<i>Paralysis</i>	How long <i>One year</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Eugene Jones</i>
Address		<i>Washington</i>
Accident or Suicide?	<i>no</i>	



Name
in
Full

David Rhinelhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Boys

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 Jan.

20

58

-

-

Sex

Male

Color or
Race

White

Birth-
place

W. Va

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jonathan Rhinelhart

Father's
Birthplace

Mother's
Maiden Name

Zelpha H. Allen

Mother's
Birthplace

Name of person giving
Information

Mrs. S. E. Boyd

How related
to deceased

Buckman Md

Na

Sister

CAUSES OF DEATH

Primary

Pneumia

20

How long

1 month

Immediate

Heart failure

How long

7 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

R. Deeks

(over)

PHYSICIAN
OR CORONER

Accident or Suicide

Basillary phlebitis - Purulent infection with
formation of deep abscesses in different parts of
body - would indicate sufficient cause for the
trouble.

Name
in
Full

Annie Mary Siedling

CERTIFICATE OF DEATH

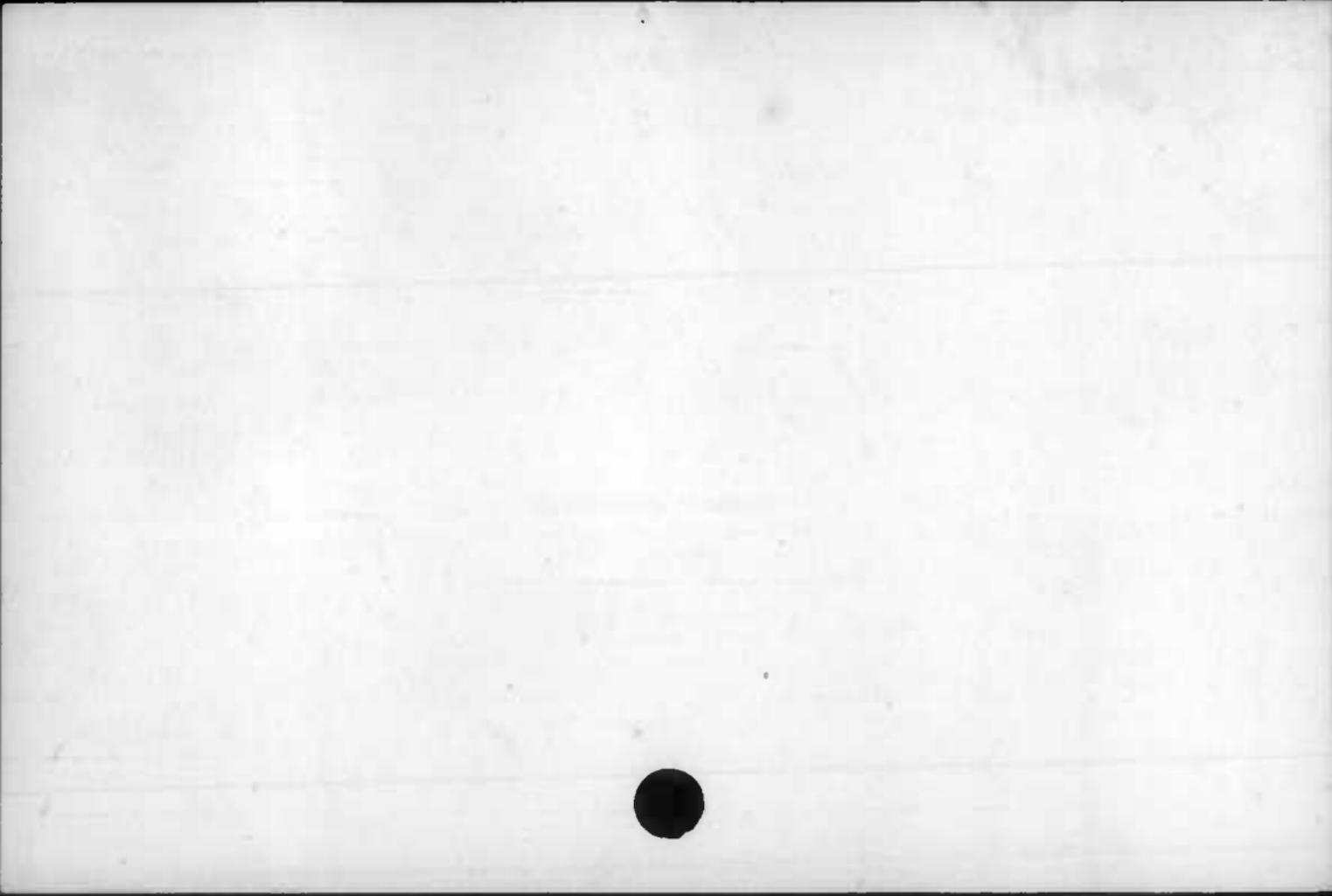
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	George F Siedling	Father's Birthplace	Md
Mother's Maiden Name	Jessie May Gimmonay	Mother's Birthplace	"
Name of person giving information	Mrs Jessie May Gimmonay	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	120	How long
Immediate	Cirrhosis of Liver	3 months	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ella Suyard

CERTIFICATE OF DEATH

Died at

Town

Seymour

County

Montgomery

MARYLAND

Date
of death 19

Month

Day

Years

Days

1999 January

16

Age

34

Sex

Color or
Race

White

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Name of Wife or
Husband

Single

Father's
Name

Jas. Suyard

Father's
Birthplace

Newfoundland

Mother's
Maiden Name

Rachel Penny

Mother's
Birthplace

Newfoundland

Name of person giving
Information

Jas. Suyard

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Edema of heart

2 days

Immediate

Wring Constrictions

5

Are the name, age, sex, color, date
and place correctly given above?

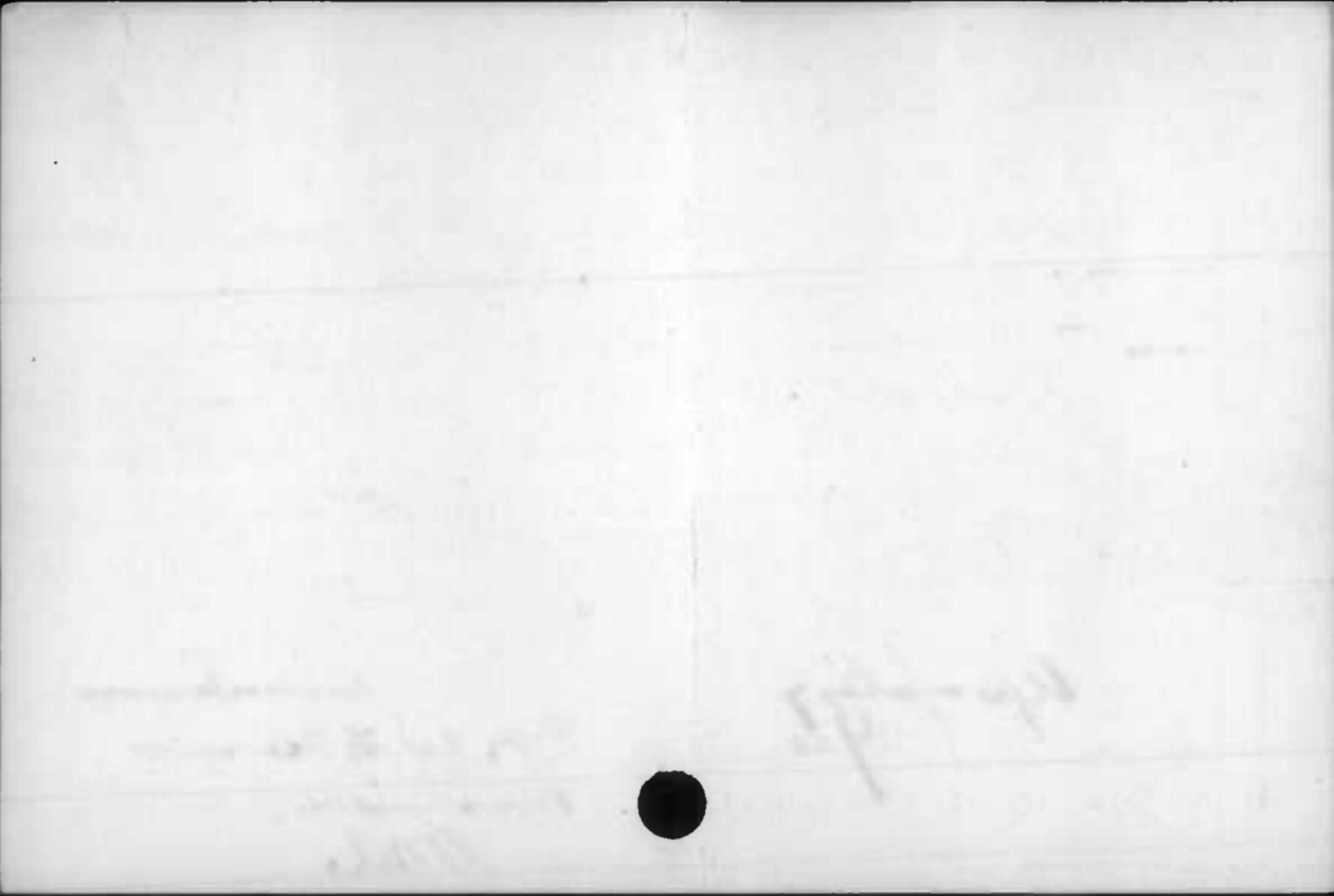
Signature of
Physician

Address

Accident or Suicide?

Yes
No

Aug 20 1999
Flemington



Name
in
Full

Jamie Stabler.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month January	Day 13	Years Age 81	Months 8	Days 17
Sex Male	Color or Race White	Birth-place near Brookville			
Martial Status Widowed	Occupation Machinist				
Name of Wife Phebe A. Stabler					
Husband					
Father's Name Thomas Stabler	Father's Birthplace Mountg. Co. Md.				
Mother's Maiden Name Eliza B. Brooke	Mother's Birthplace Mountg. Co. Md.				
Name of person giving Information Mary B. Brooke.	How related to deceased 2nd cousin				

CAUSES OF DEATH

PHYSICIAN
or CORONER

Primary

64

Hours

Immediate

A stroke
Yes

How long

Instantaneous

Are the name, age, sex, color, date
and place correctly given above?

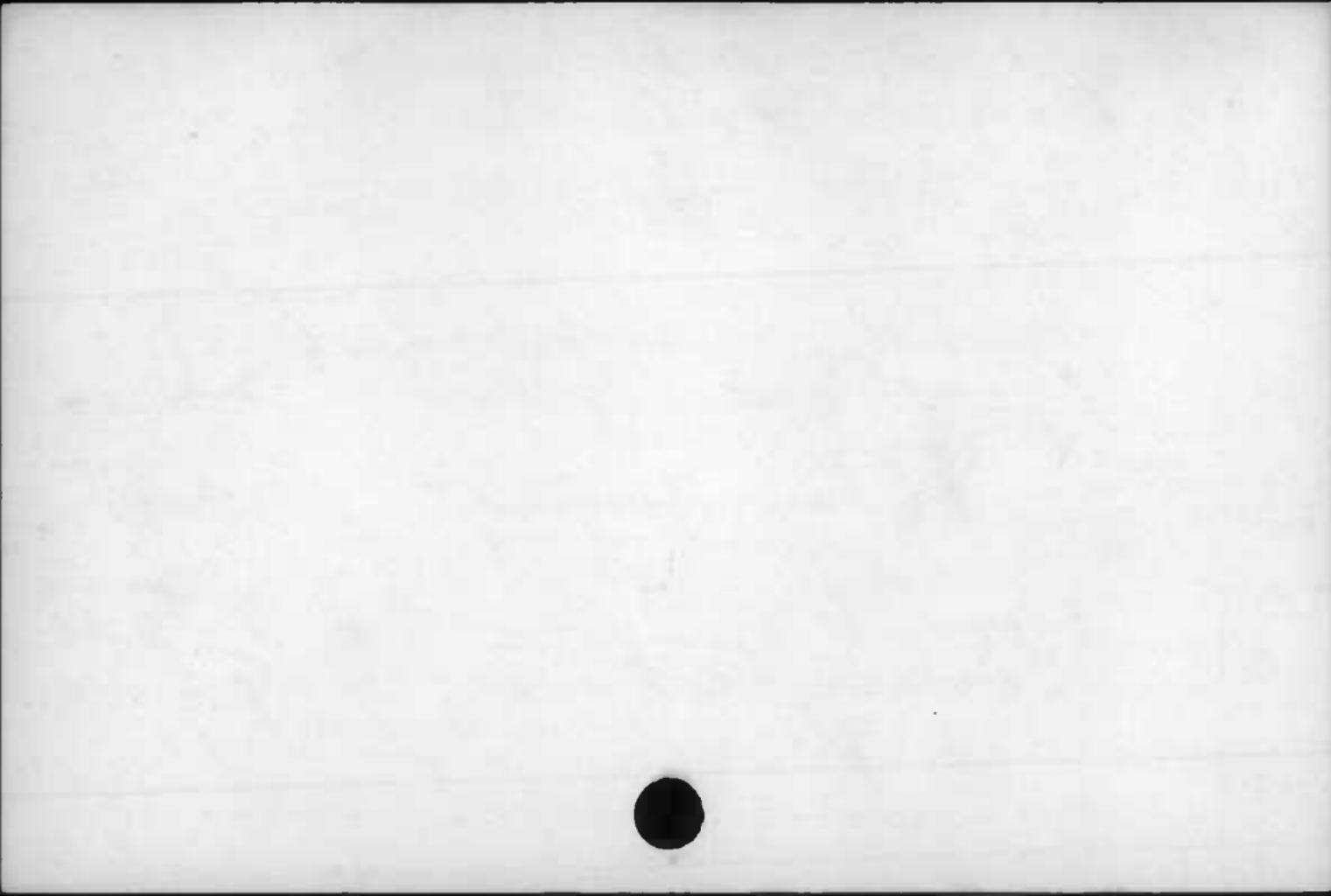
Signature of
Physician

Dr. W. F. Green -

Address

Brookville,
Md.

Accident or Suicide?



Name
in
Full

Wen Francis Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

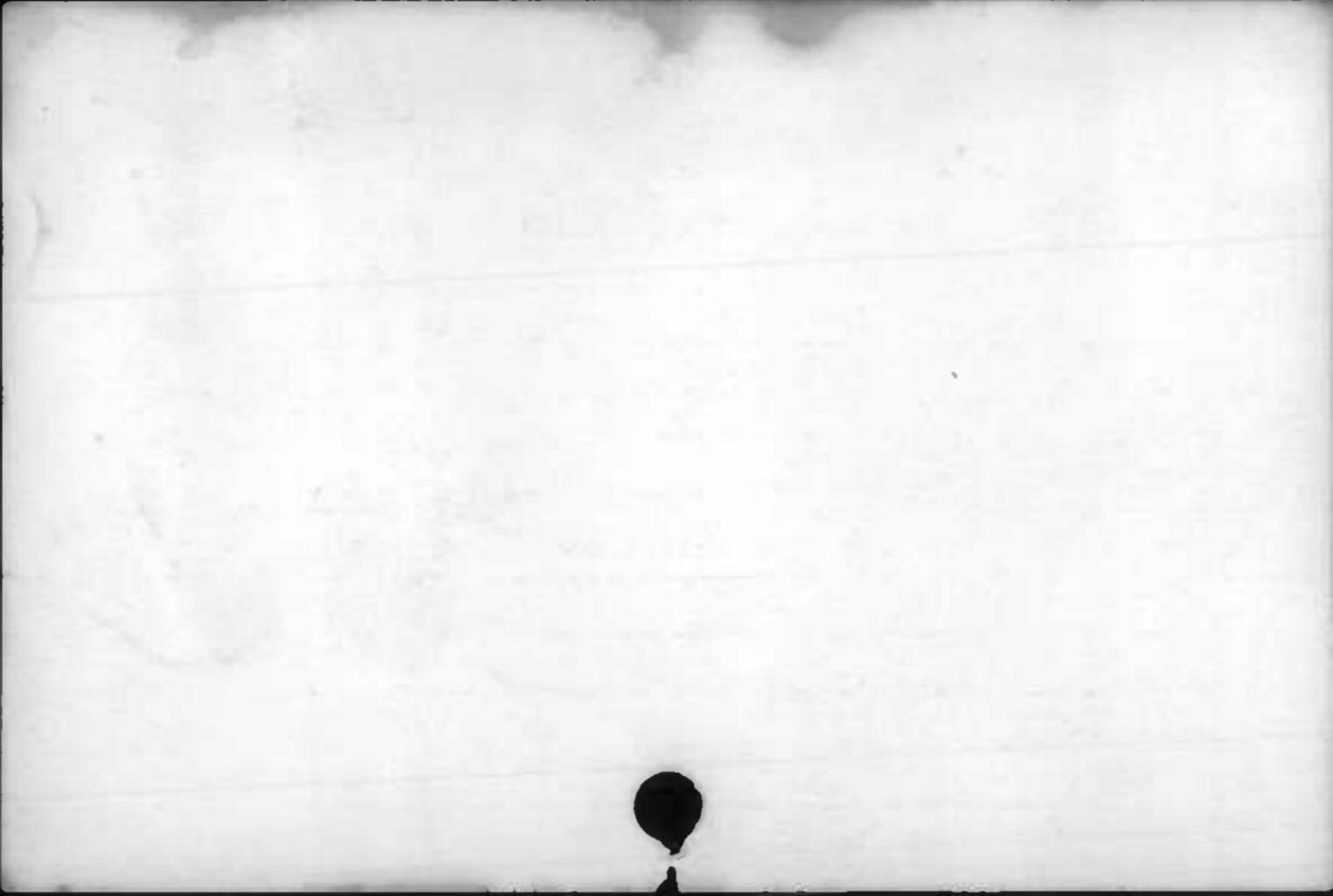
Died at	Town	County	MARYLAND
Gaithersburg	Montgomery		
Date of death	Month	Day	Years
1909	1	20	70
Age	Months	Days	
Sex	Color or Race	Birth-place	
Male	Colored	Montgomery Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single	None		
Father's Name	Father's Birthplace		
Benjamin Stewart	Montgomery Md		
Mother's Maiden Name	Mother's Birthplace		
Sarah Ann Wilson	Washington D.C.		
Name of person giving Information	How related to deceased		
Sarah Wilson	Mother		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia	How long
Immediate	Inflammation	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		H.B. Haddox
		Address
		Gaithersburg Montgomery Maryland
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Hoxes Stonestreet

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Baltimore		
Father's Name	Gertrude Wood			Father's Birthplace
Mother's Maiden Name	Mary Ellen Sillman			Mother's Birthplace
Name of person giving information	Julia Hooper			How related to deceased

CAUSES OF DEATH

92

Primary

Bronchial Pneumonia

8 days

Immediate

Cardiac Arrest

36 hours

Are the name, age, sex, color, date and place correctly given above?

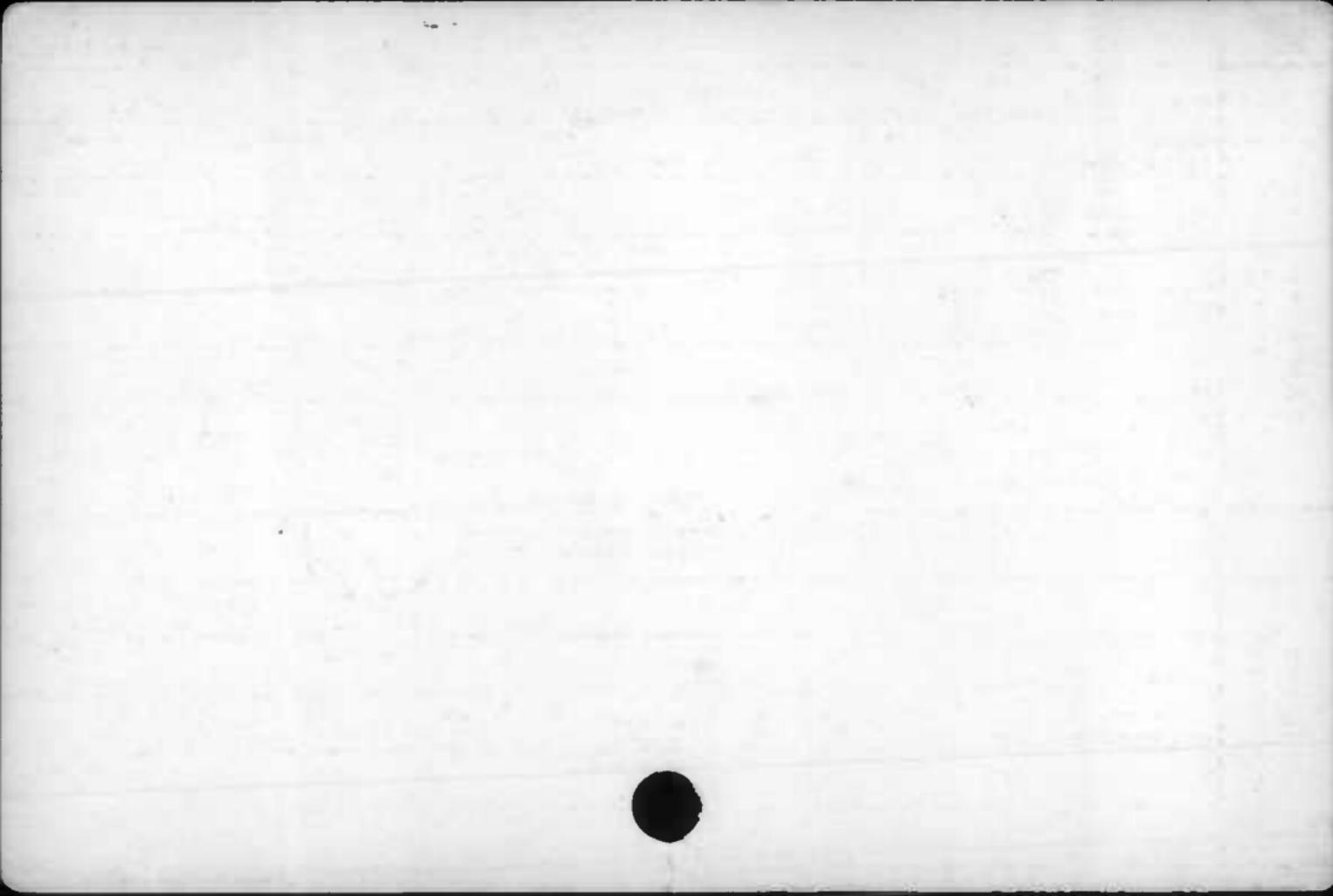
Yes

Signature of Physician

Address

E W White
Brookville
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harold Waters

CERTIFICATE OF DEATH

Died at <u>Landy Spring</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>30th</u>	Years <u>Age 22</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Montgomery Co., Md.</u>				
Occupation <u>School Teacher</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>John Waters</u>	Father's Birthplace <u>Montgomery Co., Md.</u>					
Mother's Maiden Name <u>Elizabeth Pratt</u>	Mother's Birthplace <u>Montgomery Co., Md.</u>					
Name of person giving information <u>Elijah Rackett</u>	How related to deceased <u>Cousin</u>					

CAUSES OF DEATH

Primary

Typhoid Fever and Pneumonia

1

How long

3 weeks & 2 days

How long

Immediate

Asthenia

Are the name, age, sex, color, date and place correctly given above?

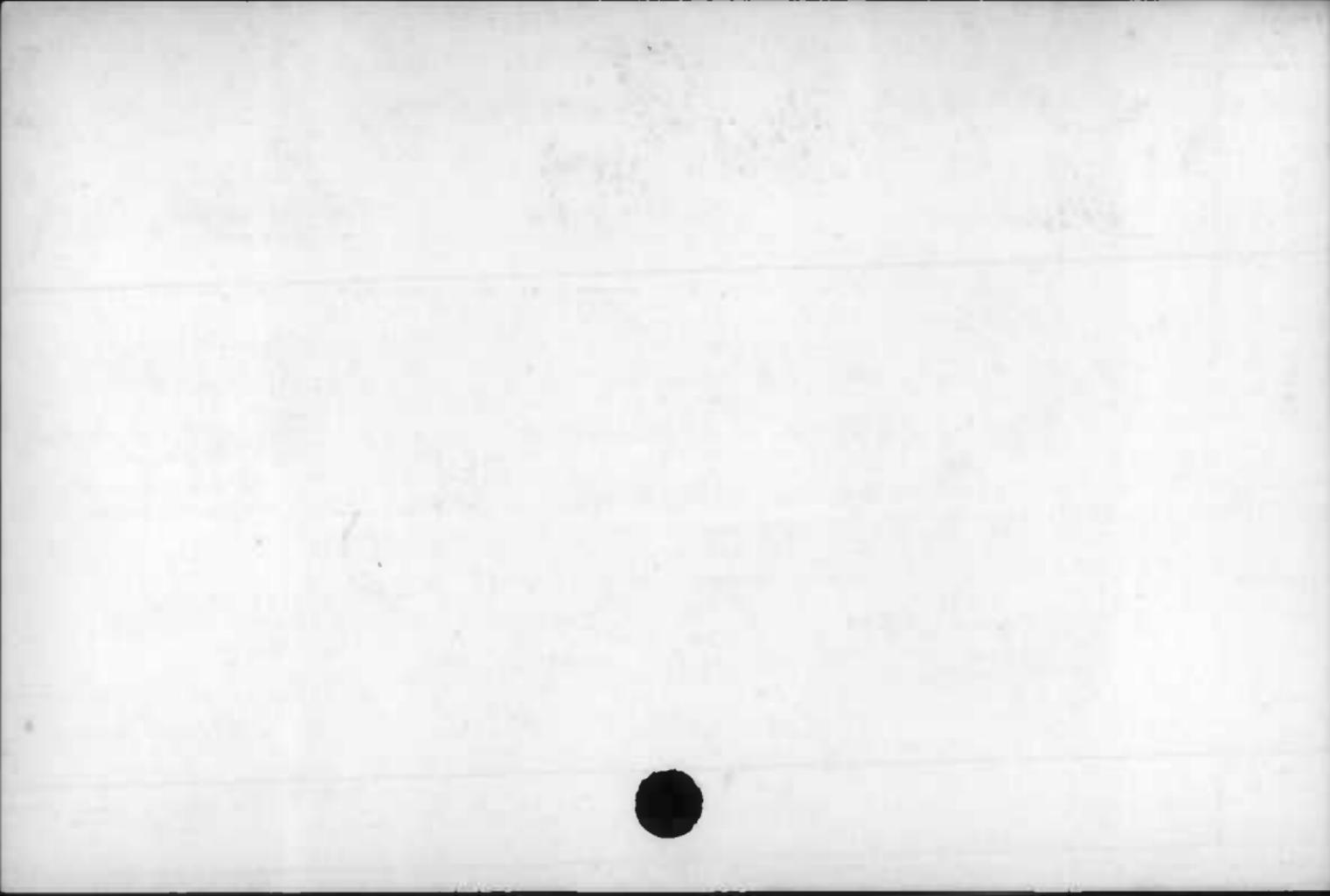
Yes

Signature of Physician

Address

Chas. Farguehar
Oleary
Md.

Accident or Suicide?



Name
in
Full

Rose Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death			X		
Married, Single or Widowed	Name of Wife or Husband	Richard Williams				
Father's Name	John W. Anderson	Father's Birthplace			Maryland	
Mother's Maiden Name	Mira Magruder	Mother's Birthplace			Maryland	
Name of person giving information	W. W. Anderson	How related to deceased			Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arteriosclerotic

64

How long

V

Eight years

Immediate

Cerebral Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

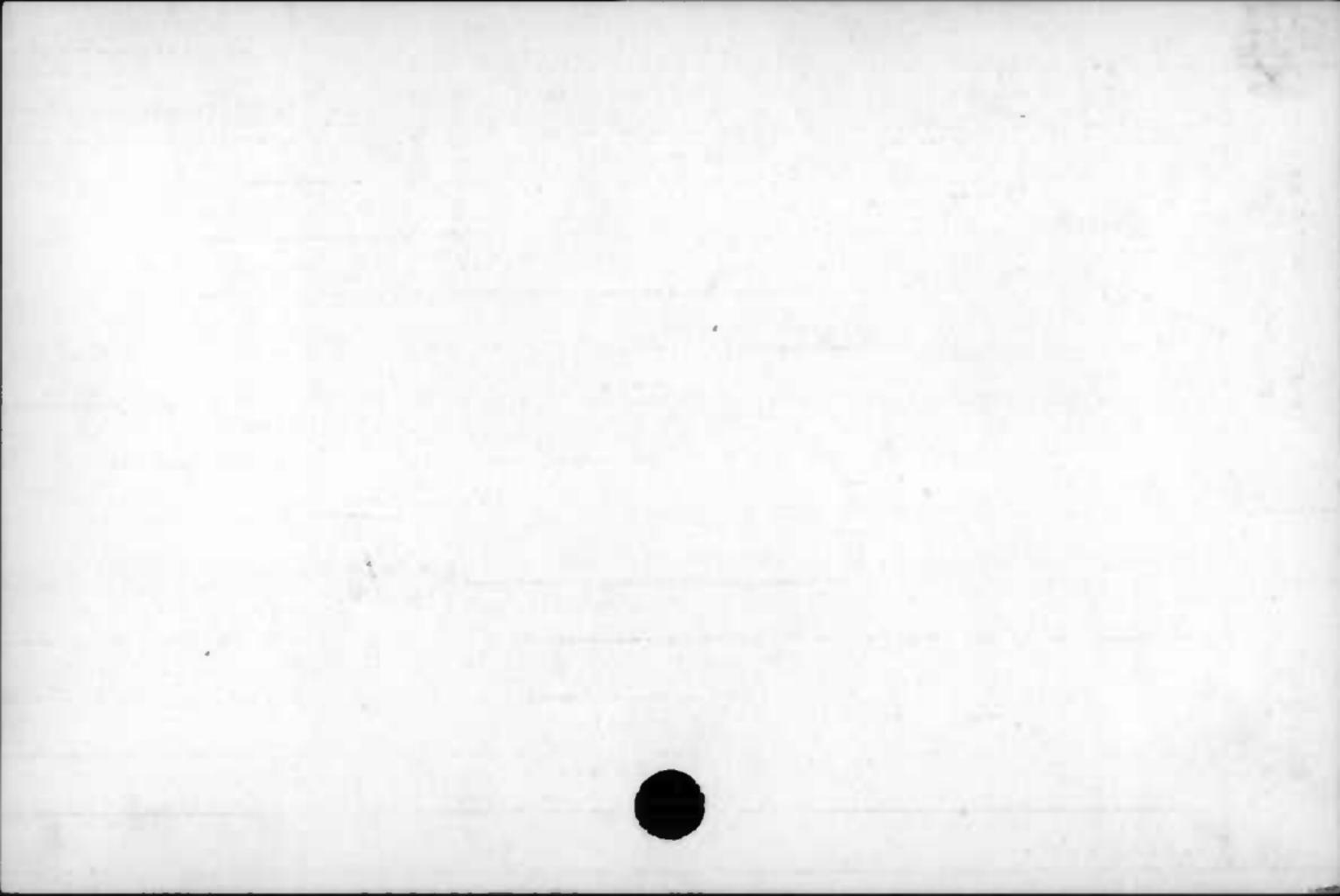
Signature of Physician

Address

Edward Anderson M.D.

Rockville, Md.

Accident or Suicide?



Name
in
Full

William Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Tow <u>Bethesda</u>	County <u>Maryland</u>	MARYLAND			
Date of death	Month 1909 1	Day 20	Age 3	Years	Months 2	Days
Sex	Male	Color or Race white	Birth-place <u>Bethesda, Md.</u>			
Occupation None	Where Residing if not at place of death ✓					
Married, Single or Widowed Single	Name of Wife or Husband ✓					
Father's Name <u>Herbert Wilson</u>	Father's Birthplace <u>Canada</u>					
Mother's Maiden Name <u>Mary Agnes Wilson</u>	Mother's Birthplace <u>Montg Co. Md.</u>					
Name of person giving information <u>Mary A. Wilson</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

9

How long

2 days

PHYSICIAN
OR CORONER

Primary

Laryngeal Diphtheria

Immediate

Obstructive Respiration & Suffocation

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John L. Lewis M.D.
Bethesda, Md.

Accident or Suicide?

